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ABSTRACT

The purpose of the Howard University training program for neighborhood physicians is to engage these physicians in services stressing ambulatory patient care, while at the same time creating in them a sense of responsibility. One of the major reasons for initiating this program was the realization that until a few years ago many of the black physicians in Washington, D.C. had little or no affiliations with the local hospitals and thus had no opportunity to continue their medical education and practice pattern improvement. The Howard University program used existing community and university health services and paramedical agencies to form an educational comprehensive medical care service. The neighborhood physician became part of the university staff. This report presents information on: (1) the development of the Department of Family Practice; (2) the educational activities engaged in; (3) the application of findings of the continuing medical program; (4) the objectives and accomplishments of the contract; (5) the satellite program in Baltimore; and (6) a prototype model kit. The appendix includes samples of participant and faculty correspondence and a schedule of activities in June and July. (AF)

ED052723

# FINAL REPORT FOR CONTRACT #NIH 70-4089(P)

Second Annual Report for
Training Program for Neighborhood Physicians
Howard University
College of Medicine

January 20, 1971

HE 002353

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William E. Matory, M.D., Director

Mrs. Thelma B. Chapman, Administrative Assistant

Mrs. Lucille V. Small, Secretary

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# FINAL REPORT FOR CONTRACT #NIH 70-4089(P)

Second Annual Report for
Training Program for Neighborhood Physicians
Howard University
College of Medicine

## RESUME' OF FINDINGS AND ACCOMPLISHMENTS

The community physician can be successfully involved in a program designed to improve his skills in ambulatory care. Medical schools, university or community hospitals can develop a dependable base for continuing medical education to these physicians. Their outpatient services and departments of Family Practice can serve as a training center, where the community physician receives further education, where he is given responsibility for patient care, and where he is subjected to peer review. The medical schools and hospitals can make use of the community physician's special skills and experience in the training of young community or family practitioners.

# FINAL REPORT FOR CONTRACT #NIH 70-4089(P)

## Second Annual Report for
## Training Program for Neighborhood Physicians
## Howard University
## College of Medicine

Hospital affiliation and the associated responsibilities have proven to be the most dependable means of continuing medical education and practice pattern improvement. The physician who treats his patients in the hospital becomes securely involved in some type of medical education. Through his required participation in hospital conferences, obligatory chartwork, death conferences, hospital committees and house staff training program responsibilities, he is kept abreast and his practice patterns are scrutinized.

The neighborhood physician who uses hospital privileges has no such dependable means of development. Even if he participates in an occasional national or local medical meeting or reads the usual journals, he remains uninvolved. There is no obligation to keep up or improve his knowledge.

Our program at Howard University was developed to involve the neighborhood physician in services stressing ambulatory patient care, his prime interest, while at the same time creating in him a sense of responsibility.

The program used existing community and university health services and paramedical agencies to form an educational comprehensive medical care service. The program was based at the university. The neighborhood physician thus became a part of the university staff. His experience in ambulatory and community medicine gave him full status and academic rank.

He discussed his patients and those of other members of the staff. He was accountable to his peers for his practice patterns.

The program emphasizes the importance of, and ultimately improves, ambulatory care, while improving the knowledge, skills and self-esteem of the physician. It gives him status. It brings him into an academic service which not only acknowledges his worth and experience, but also has a need for him. At the same time it teaches him new skills.

Membership in the academic community obligates him and gives him a responsibility with which he identifies. It also provides a means of reviewing his practice patterns with his peers, with professors, younger physicians, and students. The neighborhood or community physician participated in the design of this program from its beginning. His interest and recommendations were sought by us to make our service to him relevant and effective.

To augment the value of the training program for community physicians, we established a residency program in Family Practice. The formal training of young physicians gave added purpose to the community physician's participation. He shared responsibility for training new physicians for the community; he developed leadership for residents and students; he became exposed to new concepts from younger, eager minds.

## DEVELOPMENT OF THE DEPARTMENT OF FAMILY PRACTICE

The Continuing Medical Education Program for Neighborhood Physicians, the Residency Training Program, and the Ambulatory Care Services of Howard University-Freedmen's Hospital were combined to form a Family Practice service in 1969 (HEW Contract #PH 108-69-10(P). This was further developed through the cooperation of the College of Medicine faculty. It was given full departmental status as the Department of Family Practice, effective January 1, 1971. It has equal status with all other departments within the College of Medicine.

## OBJECTIVES OF THE DEPARTMENT

The objectives of the Family Practice Department are as follows:

1. To serve as a base of learning and development for the neighborhood practitioner
2. To prepare physicians skilled in the health care of families
3. To develop physicians skilled in primary and comprehensive care in continuity, and also, skilled in the proper use of consultants in delivering optimum care
4. To develop physicians, medical students, and paramedical personnel skilled in the care of ambulatory patients
5. To reinforce the neighborhood family physician now in practice and provide peer group development and review
6. To involve the family physician, his community practice, and his image in the predoctoral curriculum for comprehensive medical care training

## ORGANIZATION OF THE DEPARTMENT

Composition and organization of the Department is as follows:

### Administrative Staff

| | | |
|---|---|---|
| * *** William E. Matory, M.D. | Department Chairman<br>Director of C.M.E.<br>Director of Freedmen's Hospital Ambulatory Service | HEW Project Director-(NIH 70-4089(P) |
| Mrs. Thelma B. Chapman | Administrative Assistant | HEW Project-(NIH 70-4089(P) |
| Mrs. L. Victoria Small | Secretary to Administrative Assistant | HEW Project-(NIH 70-4089(P) |
| Mrs. Hilda Rhines | Secretary, Residency Program | Freedmen's Hospital |
| Mrs. Carolyn Warren | Special Contact Receptionist | HEW Project-(NIH 70-4089(P) |

### Professional Development Staff
### (HEW Project-NIH 70 4089(P)

| Physician | Academic Rank in Department of Family Practice | Date in Program |
|---|---|---|
| Diosdado E. Ulep, M.D. | Assistant Professor | 11/15/69-3/15/70 |
| Jean Wong, M.D. | Clinical Instructor | 6/20/69-9/28/70 |
| **Arthur Henderson, M.D. | Clinical Instructor | 11/1/69 - Present |
| Umesh C. Mullick, M.D. | Clinical Instructor | 7/1/69- 10/31/70 |
| Sidney A. Jones, M.D. | Clinical Instructor | 10/1/70 - Present |
| Roland Smoot, M.D. (Baltimore) | Clinical Associate Professor | 4/16/69 - Present |
| **Robert H. Williams, M.D. | Assistant Professor | 7/16/70 - Present |

* Member AAGP
** Took Board of Family Practice
*** Passed Board of Family Practice

## ORGANIZATION OF THE DEPARTMENT (cont'd)

### Neighborhood Physician Staff

| Physician | Major Interest | Academic Rank in Department of Family Practice |
|---|---|---|
| Raymond Standard, M.D., M.P.H. | Director of Public Health, D.C. | Clinical Associate Professor |
| William J. Washington, M.D. | Director of Hospitals & Medical Care Administration, D.C. | Clinical Assistant Professor |
| Edward C. Mazique, M.D. | Practitioner & Past President of National Medical Association | Clinical Assistant Professor |
| ***Reginald G. James, M.D., M.P.H. | Practitioner | Clinical Assistant Professor |
| Arthur West, M.D. | Practitioner & Radiologist | Clinical Associate Professor |
| Jean Linzau, M.D. | Practitioner | Clinical Instructor |
| *Richard H. Irving, M.D. | Practitioner | Clinical Instructor |
| Anita Austin, M.D. | Practitioner | Clinical Instructor |
| *Krishan L. Gupta, M.D. | Practitioner | Clinical Instructor |
| Arthur H. Johnson, M.D. | Practitioner | Clinical Instructor |
| *R. Stewart Randall, M.D. | Practitioner | Clinical Instructor |
| O'Donnald Sheppard, M.D., M.P.H. | Practitioner | Clinical Instructor |
| *Roger G. Thurston, M.D. | Practitioner | Clinical Instructor |
| Frederick J. Washington, M.D. | Practitioner | Clinical Instructor |

*member AAGP
**took Board of Family Practice-Feb., 1971

## ORGANIZATION OF THE DEPARTMENT (cont'd)

### Residents

| Physician | Dates |
|---|---|
| Eugean Van Horn, M.D. | 7/1/69-Present |
| Clarence Davis, M.D. | 7/1/69-Present |
| Constance Holt, M.D. | 7/1/70-Present |

### Ambulatory Care Service Staff (Freedmen's Hospital Budget)

| Physician | Major Interest | Academic Rank in Department of Family Practice |
|---|---|---|
| Horace C. Laster, M.D. | Surgery ** | Assistant Professor |
| Rupert E. Louison, M.D. | Surgery ** | Assistant Professor |
| Diosdado E. Ulep, M.D. | Medicine * | Assistant Professor |
| Nikalaus Mendjuk, M.D. | Medicine ** | Assistant Professor |
| Leonidas A. Ayton, M.D. | Medicine * | Assistant Professor |
| Norcliffe E. Brown, M.D. | Medicine * | Instructor |
| Abraham S.A. Anderson, M.D. | Ob-Gyn * | Instructor |
| Charles Hutchinson, M.D. | Ophthalmology * | Clinical Instructor |

* Board qualified
**Board certified--Part I

## ORGANIZATION OF THE DEPARTMENT (cont'd)

### Ambulatory Care Service Staff (cont'd)
(Freedmen's Hospital Budget)

| Name | Hospital Assigment |
|---|---|
| Norma Wood, M.S.W. | Social Worker & Administrative Asst. |
| Bernice Franklin, R.N. | Administrative Nurse Supervisor, Clinic Service |
| Alcynthia Butler, R.N. | Head Nurse, Clinic Service |
| Ardis Silverman, M.Ed. | Rehabilitation Counsel Coordinator |
| Frank White | Chaplin |
| H.W. Simms | L.P.N. |

### Consultants to Model Office

| | |
|---|---|
| T. W. Davis, M.D. | Consultant in Radiology |
| C. Warfield Clark, M.D. | Consultant in Urology |
| Edward E. Rickman, M.D. | Consultant in Neuropsychiatry |
| Jesse Barber, M.D. | Consultant in Neurosurgery |
| J. Harold Nickens, M.D. | Consultant in Otorhinolaryngology |
| Robert Simmons, M.D. | Consultant in Thoracic Surgery |
| Stanley Sinkford, M.D. | Consultant in Pediatric Cardiology |
| Charles H. Clark, M.D. | Consultant in Surgery |
| James Gray, M.D. | Consultant in Obstetrics & Gynecology |
| John F. J. Clark, M.D. | Consultant in Obstetrics & Gynecology |
| R. Stewart Randall, M.D. | Consultant in Obstetrics |
| Henry S. Robinson, M.D. | Consultant in Orthopedics |
| Diosdado E. Ulep, M.D. | Consultant in Endocrinology |

## ORGANIZATION OF THE DEPARTMENT (cont'd)

### Departmental Executive Committee

William E. Matory, M.D., Chairman

* Robert H. Williams, M.D.

Norcliffe E. Brown, M.D.

* Reginald James, M.D.

Diosdado E. Ulep, M.D.

* Arthur Henderson, M.D.

Horace C. Laster, M.D.

* Arthur West, M.D.

## DESCRIPTION OF CONSTITUENT PARTICIPATION

The listed staff maintain a responsive network of educational activity. The clinics, Emergency Care Area, Model Office, private practices and hospital bed service provide a source for teaching and practice pattern review.

The community physicians are assigned university rank. This emphasizes their responsibility in student education and practice pattern improvement. It acknowledges their value and their unique experience in a special type of delivery of health care.

All of the listed participants take an active part in teaching, conferences, peer review, and patient care. In this way each participant serves in both teaching and learning roles.

* Community Physician

## DESCRIPTION OF EDUCATIONAL ACTIVITIES

### WEEKLY CONFERENCES

Weekly Hospitalized Case Review--8:15 to 9:30 a.m.

All cases under management or supervision by the Family Practice Resident Staff are discussed and recommendations made. Community physicians in attendance participate freely in the discussion. They are called upon to make their comments and recommendations.

Ambulatory Care Conferences/Grand Rounds--First and Fourth Wednesdays, 9:30 to 11 a.m.

Third Wednesday Seminar--9:30 to 11:30 a.m.

Guest speakers are invited from other departments or community agencies. Topics chosen by the Continuing Medical Education-Family Practice Staff are especially applicable to office practice or ambulatory care.

Second Wednesday Seminar--9:30 to 11 a.m.

Special problems related to office practice management are discussed. Experts in this field are invited to participate. Community physicians give their experiences and recommendations in office business management. This is especially helpful to younger practitioners, residents, and students.

## DESCRIPTION OF EDUCATIONAL ACTIVITIES (cont'd)

### Journal Club--First Wednesday, 11 a.m.

Articles from major journals which emphasize family medicine or office practice are reported by the fellow and resident staff. The journals include *Family Medicine*, *Emergency Medicine*, *Postgraduate Medicine*, and *Medical Economics*.

## INTENSIVE REVIEW COURSES

### Weekly Concentrated Review

In June and July of 1970, a concentration of demonstrations, clinic visits, and consultations were presented each Wednesday. These courses were taken by the family practitioners in the area. They were conducted by department heads of the classical specialties and their assistants. The practitioners and residents were encouraged to attend the various specialty clinics and participate in patient management. The clinics most popular were diabetic, eye, sigmoidoscopy, and cardiac. This is the second year for this course.

### Six-Day Continuous Review

A fifty-hour review course was given expecially for those practitioners planning to take the Board of Family Practice.

## DESCRIPTION OF EDUCATIONAL ACTIVITIES (cont'd)

### EVENING FAMILY CLINIC

A new clinic was established which provides primary care for entire families so that family integrity is not disrupted through several appointments for different family members. In no other area of the hospital (except in the Emergency Care Area), can families be seen within the same area, at the same time, and with appropriate consultation.

The clinic was supervised by the Continuing Medical Education staff. It acts as a special training area for ambulatory care. Family Practice residents were responsible for the clinic. Practitioners were encouraged to attend.

For the first time in the history of the school, medical students were given a supervised arena of training in ambulatory care for families. (This was a much sought after assignment. It proved to be one of the more popular experiences in the medical school curriculum.) Family practitioners who participated contributed their experience and improved both their own skills and their image.

### EMERGENCY CARE AREA

The residents and practitioners in family medicine were assigned to the Emergency Care Area and given progressive responsibility under continuous supervision. They received experience in resuscitation and in the management of trauma, multiple injuries and acute medical illnesses.

## DESCRIPTION OF EDUCATIONAL ACTIVITIES (cont'd)

### ROTATION THROUGH DEPARTMENTS

Full cooperation and support of the residents and practitioners training program was given by the other clinical departments. While serving in the departments of medicine, gynecology, pediatric surgery, the identity of the Family Practice Resident was maintained. Special effort was given by each department to insure intensive reinforcement of the resident in those technics which he was likely to use in his own practice. The services were assigned and chosen by the residents and practitioners, and consisted of hospital and ambulatory care. The practitioners were also given full cooperation by the various departments in other departmental activities of their interest.

### MODEL PRACTICE OFFICE

Another major achievement in this year's program was the development of the Model Practice Office. Negotiations were made with a nearby ambulatory care facility earlier not directly related to the University. This facility, which had been functioning for eighteen years, was adopted by our staff as a training and service environment. It is being developed as a teaching model.

The purpose of this model clinic will be to provide an area where selected families can be given care by physician-trainees under supervision. The trainees will be responsible for office management, patient record and billing, and for office personnel training and management. Patients admitted from this facility continued to be the responsibility of the family practice resident. He shared the responsibility with consultants of the model office. He considered this his primary responsibility to the patient after hospitalization.

This office relationship is being further developed to include aspects of health maintenance and more comprehensive care.

The model office will also provide opportunities for researching better health care delivery for individual patients and families with more efficient office techniques. In this environment, community practitioners will be involved in current methods of ambulatory patient care and office management.

## STUDENT INVOLVEMENT

The Department of Family Practice is the first service primarily responsible for teaching students ambulatory care. Earlier, the only ambulatory care experience has been in the Emergency Care Area and in outpatient clinics, under the direction of hospital specialists giving ambulatory care their secondary attention.

The Department of Family Practice gives full recognition to physicians having ambulatory care as their main interest. The practitioner now participating in our Continuing Medical Education program will become involved with students who have as their goal careers in comprehensive health care. This exchange will improve the practitioner's practice habits, make him aware of his expanding role in health care and lead to mutual development of student and practitioner.

## PHYSICIAN PARTICIPATION

In the past community physicians have found it difficult to identify with programs in continuing medical education. This has been due to a number of factors, including a heavy patient load, conflicting hours, lack of relevance to his practice, and the lack of status equal to other continuing medical education participants. The usual continuing medical education program has failed to meet his needs. Therefore, the community physician has not involved himself consistently with programs in continuing medical education. He does have a strong desire for participation, however, which was demonstrated in our program.

To overcome this hesitancy we developed our program by having the community physician participate in the design. In this way, we were sure to have the type of program and topics that met his interest and were relevant to his practice. We also let him choose his time and place of participation.

We further insured his interest by including him as a member of the department teaching staff. In this capacity he was praised and judged by his fellow community physicians. He was also given the responsibility of training younger physicians (residents in Family Practice) who were likely to follow his steps in the community.

## DESCRIPTION OF EDUCATIONAL ACTIVITIES (cont'd)

The Department of Family Practice, which was formed within the College of Medicine and Freedmen's Hospital, has an executive committee which determines the policies and activities of the department. Nearly half of the executive committee are community physicians.

### STAFF DEVELOPMENT

It is difficult to find physicians who are interested in teaching continuing medical education, especially those desirous of teaching comprehensive care, ambulatory care or family medicine. Prior to the last two years there have been few formal training programs for this purpose. Accordingly, we developed our staff by seeking the participation of academic personnel having an interest in learning more about family or community medicine. We also added to our staff those community physicians who had a special interest in teaching.

### COOPERATION OF THE MEDICAL FACULTY

The classical medical faculty is dedicated primarily to predoctoral teaching. Most of our interest is in postdoctoral teaching, but few schools have included this in the original faculty agreement.

The cooperation of our staff was insured by having many of our department staff support student teaching. This led to a cooperative arrangement by which both purposes were served. The Medical Faculty profited by the cooperation with community physicians. The gratitude shown by the community physicians increased their interest and dedication to the project.

## ADMINISTRATIVE STATUS IN THE MEDICAL FACULTY

Continuing medical education of the community physician has not been a major responsibility of the College of Medicine. As such, it has not been a part of the curriculum or policymaking. However, this program developed with such favor and productiveness that the College of Medicine Faculty voted to give it full department status. This insured equal participation in service, teaching, curriculum, space, and all other aspects of predoctoral and postdoctoral teaching.

## EVALUATION

Evaluation of the benefits received from the Continuing Medical Education Program for Neighborhood Physicians is very difficult. The aim of our efforts is to improve the practice patterns. No precise means of evaluation have been developed without interfering with patient privacy or the integrity of the physician.

Our evaluation included the satisfaction expressed by the physician, his own evaluation of his improvement, our faculty's evaluation of the physician's apparent improvement, and his demonstrated interest in the program.

## DESCRIPTION OF EDUCATIONAL ACTIVITIES (cont'd)

On two occassions we had the physician or his office assistant fill out a questionnaire indicating numbers and types of procedures which he did prior to, and after his involvement with our program. These means of evaluation, while inadequate, did give us some indication of success of the general program.

## APPLICATION OF FINDINGS OF CONTINUING MEDICAL EDUCATION PROGRAM

### HOSPITAL BASED ACTIVITIES

All programs of continuing medical education for physicians should be based in some major medical facility having hospital or major comprehensive care characteristics. The education program should be responsible to that facility. This responsibility should be in keeping with the physicians's major medical interest and activity. It should insure peer review of the physician and his practice.

### RELEVANCE

The physician's interest must be kept in mind in program planning. Topics and activities chosen for presentation or involvement should be of primary concern in his practice.

### INTEGRATION OF ACTIVITIES

The activities should be integrated with service responsibilities and teaching obligations of the physicians involved. Single lectures are inadequate. Demonstrations and actual physician involvement are most desirable and most productive.

## DEPARTMENT STATUS

Department status for the family physician is most desirable. He should be assigned to an area of prime interest to him, rather than to a department in which he has little interest or input. In this way his activities are recognized for their value to the full health program.

Department status also insures that his particular interests are recognized, and facilitates his participation in policies affecting him.

## UNIVERSITY STATUS

If the training facility is related to a medical school, the physician should be given academic rank comparable with his training and experience. The practice of the family or community physician takes him into the community. His experience of health care delivery is unique and valuable and there is much he can contribute to the academic program, which cannot be found elsewhere.

## SATELLITE PROGRAMS

Major hospitals and medical schools should be responsible for smaller community facilities and organize a network of continuing medical education which includes physicians based at these facilities. This can be done by one or several physicians at the local level who would coordinate the activities, be responsible for communicating with

## APPLICATION OF FINDINGS OF CONTINUING MEDICAL EDUCATION PROGRAM (cont'd)

the parent hospital and organize first-rate educational activities. The coordinator would be supported by the parent hospital or university program by funds, consultants, and directions. The expenses involved could be shared by the smaller unit and the parent facility.

## CONTINUED PRESENTATION WITHOUT PUBLIC HEALTH SERVICE SUPPORT

The major unit in this program is the administrative staff supported by Public Health Service, the College of Medicine budget faculty, and Freedmen's Hospital budget faculty. During the next few months, the College of Medicine and the Hospital budgets will be expanded to include as much of the administrative staff as possible. Certain key personnel and contract services may yet need support by an outside agency. This support will be sought.

Three foundations have already been approached for support without success.

# SUMMARY OF OBJECTIVES AND ACCOMPLISHMENTS OF THE CONTRACT

The Department of Health, Education and Welfare contract sponsored continuing medical education porgram was developed to serve the educational needs of neighborhood physicians not having hospital affiliation. The need for this became apparent because a large number of physicians in the Washington Metropolitan area did not treat patients in any area hospital.

This study was primarily concerned with black physicians in this area. It was thought that the lack of hospital participation was due to the discriminatory practices of area hospitals which restricted this participation to white physicians.

Indeed this restriction was widely practiced prior to 1960. Freedmen's Hospital, the training hospital for Howard University College of Medicine, was the only hospital awarding practice privileges to black physicians. Since 1960 there has been a gradual increase in the number of black physicians given practice privileges at hospitals other than Freedmen's.

This study revealed that as recently as 1969 some physicians had no hospital privileges at all and others had hospital privileges at Freedmen's Hospital, but rarely used them. (See Appendix 6 )

The implications of practicing medicine without utilizing a hospital are many. Among the major points of significance are the lack of organized supervision and peer review, and the lack of a stable means of continuing education and practice pattern improvement. Also

OBJECTIVES AND ACCOMPLISHMENTS (cont'd)

significant is the fact that continuity of care is limited for that patient whose ambulatory care physician cannot care for him when he is hospitalized.

Close scrutiny of the neighborhood physician's practice revealed that a significant service was being rendered by him although his practice consisted primarily of ambulatory care. Indeed, the volume of service which he rendered was of such magnitude that many found it too difficult to give adequate ambulatory care on a large scale and also treat patients in the hospital.

When we consider that from 85 to 90% of illnesses can be treated outside of the hospital, this apparent large office practice can be understood. Further consideration will show that it is indeed desirable to promote more ambulatory care so as to better utilize the limited number of hospital beds. Improved office practice capability and office health maintenance services will reduce much of the cost of health care related to hospitalization.

For these reasons our program developed with great emphasis on office management or care of the "ambulatory patient." The apparent interest of the physician, the growing need for this service, the increased capability through technical advances, and the general rising cost of medical care all justify this emphasis.

This philosophy led us to the following objectives and accomplishments in developing our program of Continuing Medical Education.

## ADVICE OF THE NEIGHBORHOOD PHYSICIANS AND OTHER CONSULTANTS

Several community physicians were consulted to determine the type and content of the program which they preferred. All practitioners in the area were asked to participate and were given their choice of involvement. Many national and local consultants in continuing medical education gave advice in the construction of this program. From these multiple sources our objectives were determined.

## RESULTING OBJECTIVES

1. To establish a dependable means of continuing medical education which is relevant to the office practitioner
2. To help improve his methods of office practice
3. To help him incorporate into his practice basic, dependable and recent techniques in diagnosis and therapy
4. To provide a teaching medium emphasizing his participation through demonstrations, clinic visits and personal consultations at his office or at the hospital.
5. To increase the use of community services and hospital clinic referral media as a part of this practice
6. To incorporate into each of the above objectives those factors which will decrease physician obligated time but yet improve his effectiveness in patients' care

## TRAINING PROGRAM FOR NEIGHBORHOOD PHYSICIANS

A training program for neighborhood physicians was developed which included seminars, patient demonstration, and clinic participation under supervision. Office consultations were performed by request in the physician's office.

## TRAINING PROGRAM FOR NEIGHBORHOOD PHYSICIANS (cont'd)

This program had its greatest concentration during the months of June and July, but continued in some form throughout the year.

## SATELLITE PROGRAM IN A DISTANT COMMUNITY HOSPITAL

We established a training program for community physicians in the Baltimore area. This was done under the direction of one of our medical alumni. The parent continuing medical education porgram at Howard University supported the program through funding and organization.

## FAMILY OR COMMUNITY PHYSICIAN HOSPITAL SERVICE

A training service was developed which established the family or community physician as its primary constituent. The objectives of this program were as follows:

1. To serve as a base of learning and development for the neighborhood practitioner
2. To prepare physicians skilled in the health care of families and family members
3. To develop physicians skilled in primary care and continuity of care who are yet aware of the limitation of their skill, seeking consultation when indicated
4. To develop physicians and paramedical personnel skilled in the care of ambulatory patients
5. To reinforce the neighborhood family physician now in practice and afford an area of expression in peer group development and review

The constituents of this program were a family practice residency, a family practice clinic, teaching conferences and rounds in family medicine.

## DEPARTMENT OF FAMILY PRACTICE

A Department of Family Practice was synthesized by combining the community physicians, the College of Medicine based continuing medical education administrative staff, the residency program in family practice, and the ambulatory services of the hospital.

## NATIONAL PARTICIPATION AND RECOGNITION FOR THE CONTINUING MEDICAL EDUCATION PARTICIPANTS

1. American Academy of General Practice Membership--All participating physicians were encouraged to join the American Academy of General Practice. Thirteen have been accepted in membership.
2. Board Certification in Family Practice--The director was certified by the Board in Family Practice in May, 1970. Eight of our physicians are board qualified as a result of this program, and will take the Family Practice Board in February, 1971.

## FURTHER DEVELOPMENT NOW IN PROGRESS

Training in ambulatory care is being augmented by training in comprehensive care and continuity in care. This is being done by including in our program participants from the paraprofessions and supporting services who emphasize social and behavioral components of health care.

The development of a residency training program as a responsibility of the neighborhood physician will do much to upgrade the neighborhood physician's thinking and practice. As much as it is possible to do so,

## FURTHER DEVELOPMENT NOW IN PROGRESS (cont'd)

he will become involved in comprehensive care. The family physician resident in whose training the neighborhood physician participates, will be better rounded in principles of comprehensive care.

The family physician is defined in the "Essentials of an Approved Residency in Family Practice," as follows: "The family physician is defined as one who: 1) serves as the physician of first contact with the patient and provides a means of entry into the health care system; 2) evaluates the patient's total health needs, provides personal medical care within one or more fields of medicine, and refers the patient when indicated to appropriate sources of care while preserving the continuity of his care; 3) develops a responsibility for the patient's comprehensive and continuous health care and when needed acts as a coordinator of the patient's total health care, including the use of consultants, within the context of his environment, including the community and the family or comparable social unit."

As the program continues to develop, we hope to improve to the maximum the capabilities of the practicing community physician and to train new physicians in more comprehensive care.

Howard University
Final Report, Contract #NIH 70-4089(P)

# BALTIMORE SATELLITE PROGRAM

Roland T. Smoot, M.D., Program Director

Mrs. Octavia Venter, Secretary

Howard University
Final Report, Contract #NIH 70-4089(P)

## TRAINING PROGRAM FOR NEIGHBORHOOD PHYSICIANS
## SATELLITE PROGRAM--BALTIMORE, MARYLAND
October 28 to December 9, 1970

### SUMMARY REPORT

The 1970 Training Program for the Neighborhood Physician in Baltimore, Maryland was held from October 28, 1970, through December 9, 1970, at Provident Hospital, Baltimore, Maryland.

The program was carried out in much the same way as the 1969 program--speakers were contacted and letters and schedules were sent; announcements and schedules were mailed to prospective participants with telephone followups to encourage attendance.

The Continuing Medical Education Program for the Neighborhood Physician has been so well received by both the participants and the lecturers that they have requested that the program be given at least once yearly and that it be extended for a longer period.

The Administrator at Provident Hospital has been so impressed by the neighborhood physician participation that the facilities at the hospital have been made available for future programs; and the hospital is willing to underwrite the expenses at least in part, if not in full.

Plans are presently being considered as to whether the course should be given in two sessions rather than one.

Although this program is intended to establish a means of continuing medical education relevant to the general practitioner, several physicians in the specialty areas attended, and others expressed a desire to do so at another time.

## SATELLITE PROGRAM--BALTIMORE

## SUMMARY REPORT (cont'd)

Documentation is hard to secure. Last year we used the Tally Forms and most of the participants did not respond and felt that the use of this form was too time-consuming. This year a brief evaluation form was given to each participant. A summary of the comments made is included with this report.

# TRAINING PROGRAM FOR NEIGHBORHOOD PHYSICIANS
## SATELLITE PROGRAM--BALTIMORE, MARYLAND
October 28 to December 9, 1970

9:30 to 12:30 a.m.
Tuesdays

| | | Speaker |
|---|---|---|
| October 28, 1970 | | |
| a. | Auscultation of the Heart (Practical Methods) | Elijah Saunders, M.D. |
| b. | Newer Concepts in Cancer Therapy | Harold Ramsey, M.D. |
| November 4, 1970 | | |
| a. | Dental Conditions Associated with Systemic Diseases | Irving Hawkins, M.D. |
| b. | Common ENT Problems | Hubert Skinner, M.D. |
| c. | Tumors of the Head and Neck | Harold Ramsey, M.D. |
| November 11, 1970 | | |
| a. | Therapeutic Abortion and Fertility | Donald Chambers, M.D. |
| b. | Male Infertility and Prostatic Disease | William Birt, M.D. |
| c. | Bone Disease as a Manisfestation of Systemic Disease | Elroy Young, M.D. |
| November 18, 1970 | | |
| a. | Skin Lesions Associated with Systemic Disease | Louis Harmon, M.D. |
| b. | Chronic Renal Failure | Glen Lubash, M.D. |
| c. | Chronic Bronchitis and Emphysema | William Spicer, M.D. |

## SATELLITE PROGRAM--BALTIMORE, MARYLAND (cont'd)

November 25, 1970

| | | |
|---|---|---|
| a. | Hyperlipidemia | Simeon Margolis, M.D. |
| b. | Sickle Cell Disease and Other Hemoglobinopathy | Samuel Charache, M.D. |
| c. | Urinary Tract Infections (Practical Approach) | John Mann, M.D. |

December 2, 1970

| | | |
|---|---|---|
| a. | The Use of the Computer in Medicine | Wardell Lindsay, M.D.<br>Richard Johns, M.D. |
| b. | Arthritis and Auto-Immune Disease | Mary B. Stevens, M.D. |

December 9, 1970

| | | |
|---|---|---|
| a. | Drug Abuse: Treatment and Available Facilities | Addison Pope, M.D. |
| b. | Headaches and Seizures | Barbara Hulfish, M.D. |
| c. | Eye Findings in Hypertension and Diabetes | Thomas Jones, M.D. |

# SUMMARY EVALUATION
# TRAINING PROGRAM FOR NEIGHBORHOOD PHYSICIANS

## SATELLITE PROGRAM--BALTIMORE, MARYLAND

### Comments Made by Participants at End of Program

Were the lectures and demonstrations useful to you in your practice?

> "Definitely! The quality of the lectures was excellent, and the organization of the content was such that I, as a GP, had no trouble assimulating it with my previous medical knowledge."
>
> "The review and updating was very informing and refreshing."
>
> "Yes."
>
> "Yes--a meaty review."
>
> "I found that the lectures and demonstrations were characterized by their practicality. I think in many seminars of this kind that often the pitch is too high or condescendingly too low. I found that here the focus was just about right. There were many practical instances which could be sited. For instance, the use of the laryngeal mirror, the demonstration by Dr. Skinner of the techniques of looking at the ear, many ways of handling menstrual difficulties and a rather forthright presentation of birth control information. All and all, I think that those who prepared the curriculum should be congratulated."

What suggestions would you have for making this program more useful?

> "None--I was very pleased."
>
> "That this program be continued."
>
> "Notice of programs further in advance of start to allow scheduling."
>
> "Continue in same manner and same time."
>
> "Round tables among participants to pinpoint primary problems in areas of medicine."

SUMMARY EVALUATION--BALTIMORE (cont'd)

"Tapes of sessions should be available for sessions missed."

"My only suggestion for making this program more useful is that it should receive the widest possible publicity next year so that more physicians would be able to take advantage of it. Certainly, in this time when criteria are being established concerning continuing medical education, a program such as this should become widely available to the practicing physicians."

"No further suggestions."

"I think that it is very useful in its present form."

"Increasing time per lecture and extending the number of weeks--two lectures per session for 12 sessions."

List the areas of special interest to you which you would like included next year.

"Hormones and fertility."

"Heart Collagen Diseases."

"More of the same."

"Review newer concepts in electrocardiography."

"Drug addiction and management."

"Anesthesiology, neurology (practical), discussion of usefulness and limitations of drugs and office equipment."

"The area of special interest to me might lie in the realm of neurological diagnosis and also the psychiatric realm. Actually, I have been considering the possibility of setting up a seminar which would deal with psychiatry in general practice. I think that this would be interesting and would be of extreme value."

"Common neurological disorders, obesity."

SUMMARY EVALUATION--BALTIMORE (cont'd)

"Lectures on Diseases of the kidneys, liver, and lungs."

"Gastroenterology, pulmonary and heart diseases."

Percentage of Those Enrolled Who Attended Each Session

| Date | Percentage |
|---|---|
| October 28, 1970 | 45% |
| November 4, 1970 | 41% |
| November 11, 1970 | 38% |
| November 18, 1970 | 41% |
| November 25, 1970 | 34% |
| December 2, 1970 | 34% |
| December 9, 1970 | 38% |

Twenty-nine physicians were enrolled in the program. As indicated above, the percentage of those enrolled decreased from 45% on October 28 to 38% on December 9. Perhaps the topics presented on October 28 were more interesting to most physicians, or there could be various other reasons why the attendance decreased.

SATELLITE PROGRAM--BALTIMORE (cont'd)

Participants--Summary of Attendance

| Physician | Daily Sessions, 1969 | Daily Sessions, 1970 |
|---|---|---|
| Banfield, Gilbert | Not Enrolled | 2 |
| Birt, William | Not Enrolled | 1 |
| Blackmon, Robert C. | 1 | 5 |
| Braxton, John | Not Enrolled | 1 |
| Campbell, Charles R. | 5 | 6 |
| Carter, Simon H. | 2 | All |
| Chissell, John T. | 3 | All |
| Davidson, Charles R. | 1 | 1 |
| DeHoff, John | Not Enrolled | 1 |
| Holmes, Jesse T. | 3 | 1 |
| Laforest, Albert L. | 5 | 6 |
| Madison, Stanley D. | 4 | 1 |
| Massengill, R. Kemp | 2 | 2 |
| Mitchell, Joshua | Not Enrolled | All |
| Palafox, Asuncion L. | Not Enrolled | 2 |
| Palafox, T.B. | Not Enrolled | 1 |
| Owens, Eugene H. | 2 | 1 |
| Owings, Samuel R., Jr. | 5 | 5 |
| Phifer, Theodore D. | 6 | 3 |
| Phillips, Eugenie E. | 4 | 1 |
| Pope, William | 1 | 1 |

## SATELLITE PROGRAM--BALTIMORE (cont'd)

Summary of Attendance

| Physician | Daily Sessions, 1969 | Daily Sessions, 1970 |
|---|---|---|
| Priest, James A. | 1 | 1 |
| Rice, William | Not Enrolled | 1 |
| Sewell, Webster | Not Enrolled | 3 |
| Smith, Percival C. | 4 | 1 |
| Stewart, Donald | Not Enrolled | 1 |
| Tyson, Richard | Not Enrolled | 5 |
| White, Eric | Not Enrolled | 1 |
| Wilson, Theodore C. | Not Enrolled | 4 |

| | |
|---|---|
| Total Daily Sessions, 1969 | 6 |
| Total Daily Sessions, 1970 | 7 |

The Summary of Attendance Record shows that 62% (16) of the twenty-six (26) 1969 participants returned for the 1970 program; 39% (10) did not return.

Over half (55%) of the total enrollment for 1970 represent physicians who participated in the 1969 program; 45%, physicians participating for the first time.

# PROTOTYPE MODEL KIT

## PROTOTYPE MODEL KIT

## INVOLVING THE COMMUNITY PHYSICIAN

The community physician whose primary interest is ambulatory care is frequently isolated from adequate means of continuing medical education and practice pattern improvement. A practical means of peer review, practice pattern monitoring, and updating of skills must be developed to encourage optimum practice patterns. This must be done in a cohesive manner which involves him directly and places responsibility and obligation upon him as a participant.

The most desirable way of insuring this participation is to have him involved in a hospital based service primarily concerned with his interest in community or ambulatory practice of medicine. He should be involved with peers having ambulatory care as their main interest. These responsibilities should include discussion and criticism of the delivery of ambulatory care, training younger physicians or paramedical personnel, and the development of service in ambulatory care of the hospital and the community.

## STEPS IN DEVELOPMENT

### Consult the Community Physician in Developing a Program

The practicing physician has developed a certain expertise in ambulatory care. His available time and special interest must be considered in developing the continuing education program in which he is expected to participate. Seeking his advice and involvement from the beginning will insure his interest and offer a greater likelihood of his participation.

## Acknowledge the Worth of the Community Physician's Experience

Ambulatory care delivered by community physicians is of highest significance to the health of the community and the nation. Indeed, 85% to 90% of all health care is delivered on ambulatory basis. Recognition of this contribution will dignify the role of the community physician and encourage his cooperation with his peers.

## Assign Him to the Department of Ambulatory Care

The hospital service which involves the community physician should have a responsibility in the hospital mission. A good base for this is the ambulatory care department of the hospital. This department will

ize the community physician as its prime constituent, and will
s its responsibility service, training, and continuing medical
ion.

t should have equal status to all other clinical departments of
spital, such as surgery, internal medicine, ob-gyn, etc.

## GOALS OF THE CONTINUING MEDICAL EDUCATION PROGRAM

1. Improvement of practice patterns
2. Peer review of practice
3. Leadership for younger physicians

## GOALS OF THE CONTINUING MEDICAL EDUCATION PROGRAM (cont'd)

4. Acknowledgement of the community physician's importance to other physicians, medical students, paramedical and community personnel
5. Community and national health improvement in ambulatory medical care and health maintenance

## BASIC HOSPITAL PATTERNS

### Model I--Community Hospital

Emergency services and followup clinic areas may serve as a base for physicians particularly interested in ambulatory care. This should be departmentalized. The participating physician should be given assignments of responsibility in service, auditing, and program development. Training of younger physicians and paramedical personnel in this department should also be his responsibility.

As much as possible, the department of ambulatory care should establish direct affiliation with a nearby major health center or college of medicine to insure guidance in updating practice patterns.

### Model II--University Hospital

The out-patient services of the University Hospital should be combined into a department of ambulatory care. This should include not only the immediate hospital clinic, but also the affiliated community health centers.

This department should have equal rank with other departments within the college of medicine. Its staff should be given academic

BASIC HOSPITAL PATTERNS (cont'd)

rank based upon their training and experience. Ample credit should be given to the health related community activities of the physicians.

A residency training program should be instituted. This will insure the supervised development of family physicians. Research in community health practices should be a part of the department's responsibilities.

The department should also have a responsibility in predoctoral student teaching. This will augment the practitioner's image and insure optimum practice habits. It will increase the likelihood of students choosing family community practice as a career.

## National Standardization

Participants in both of these models should be encouraged to take national examinations or boards which are designed to monitor the physician's development. These include the Family Practice Board, and the Connecticut & Ohio Core Content Review. They should be encouraged to join the national organizations representing ambulatory, family or community physicians, such as, The American Academy of General Practice.

## Executive Responsibility

In all of these programs the neighborhood physician should have prominent positions in the executive committees or governing bodies. His valuable experience and his counsel should always be used.

ED052723

# APPENDIX

## FINAL REPORT FOR CONTRACT #NIH 70-4089(P)

Second Annual Report for
Training Program for Neighborhood Physicians
Howard University
College of Medicine

January 20, 1971

Howard University
Final Report, Contract #NIH 70-4089(P)

# APPROVED RECOMMENDATION FOR DEPARTMENT STATUS

## Appendix 1

## BUDGET RECOMMENDATION

(Retyped for Readability)

Recommended that the Organization of the College of Medicine of Howard University, approved by the Board of Trustees February 4, 1930 (revised 1964), be amended to provide for a Department of Family Practice, to be effective January 1, 1971.

## JUSTIFICATION

1. The Faculty of the College of Medicine, at its meeting on October 8, 1970, approved the creation of the Department of Family Practice.

2. FUNDING:

No funding or budgetary adjustment is requested for the remainder of FY 71. Most of the present full time staff, including the staffs of the Emergency Care Area, General Clinic, Employee Health Unit and Residency Training Program are already salaried on the Hospital Budget.

The Director (to become Chairman) receives his salary partly from Freedmen's Hospital ($21,500.00) and partly from the USPHS Basic Improvement Grant ($7,875.00). Beginning in FY 72, one-third of the Chairman's salary will be budgeted in the College of Medicine budget; the funds are available in the College of Medicine reserve. Also the budget askings for FY 72 will include a request for one (1) departmental secretary and $1,200.00 for supplies and expenses. Subsequently, as the Department grows in size and effectiveness, budget askings will include funding requests for additional members of teaching and supporting personnel. However, until such University funds become available, the nucleus of the Department will continue, as presently, to be salaried by Freedmen's Hospital, by the Continuing Medical Education Grant and by the Basic Improvement Grant. The Administrative Assistant and one secretary are already salaried by Freedmen's Hospital; the Education Specialist and Family Counselor positions are funded by the Continuing Medical Education Grant.

## JUSTIFICATION

3. ACADEMIC RANK

Academic rank will be awarded along the same lines as are all other departmental ranks.

"Clinical" description will apply to those less than full time (e.g. Clinical Assistant Professor, Department of Family Practice). This will apply in the manner similar to that of professionals in the classical departments of the Medical School.

Professional rank may be held in more than one department. The rank in each case will depend upon the achievements in those departments, (e.g. Associate Professor of Surgery, Associate Professor of Family Practice). Individuals having dual rank will be determined by the chairman of those departments and the dean of the College of Medicine.

4. SELECTION OF A DEPARTMENTAL CHAIRMAN:

Dr. William E. Matory, Director of the Family Practice Residency Program, will be recommended by the Dean as the Departmental Chairman. The criteria for such Chairmanship are:

a. Absolute requirements:

(1) Board certification in one of the following specialties (in order of preference):

Family Practice
Internal Medicine
Pediatrics
Surgery
Obstetrics and Gynecology
All other specialty boards

(2) Demonstrated laudable ability in organizing, group management and major project responsibility. (Examples include: Management of grants or research projects or responsible positions in any of the classical departments).

(3) The selection agreed upon by the majority of the staff of Family Practice.

b. Desirable and strongly recommended:

(1) Demonstrated ability to work with other departments and interdisciplinary personnel.

(2) Demonstrated interest and imagination in means of improving the delivery of health care; especially with the involvement of medical students, paramedical personnel and practitioners of medicine.

(3) Demonstrated interest in seeking funds for the support and growth of a Family Practice Department.

5. Attached is a description of the Department and how it will function.

COLLEGE, SCHOOL, DIVISION
MEDICINE

DEPT., SECTION RPG #
Administration

## HOWARD UNIVERSITY
## BUDGET RECOMMENDATION

REQUEST #53
DATE November 23, 1970

☐ TRANSFER ☐ ADDITION ☒ OTHER Creation of Department

RECEIVED
DEC 3 1970
Howard University
President's Office

Recommended that the Organization of the College of Medicine of Howard University, approved by the Board of Trustees February 4, 1930 (revised 1964), be amended to provide for Department of Family Practice, to be effective January 1, 1971.

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JUSTIFICATION

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Professional rank may be held in more than one department. The rank in each case will depend upon the achievements in those departments , (e.g. Associate Professor of Surgery,

RECOMMENDED BY: Marion Mann
Marion Mann, M.D.
TITLE Dean

SUPPORTED BY:
TITLE

BUDGET DIRECTOR
DATE: DEC 4 1970 JRB

CERTIFIED
PERSONNEL DIRECTOR
DATE

☑ APPROVAL RECOMMENDED
☐ TENTATIVELY APPROVED AND RECOMMENDED
Carlton P. Alexis
~~VICE PRESIDENT~~ VICE PRESIDENT ~~AFFAIRS~~
SECRETARY OF THE UNIVERSITY
DATE: NOV 30 1970

Authorized pending approval of the Board of Trustees or Executive Committee
President
DATE: DEC 3 1970

HOWARD UNIVERSITY
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OFFICE OF THE DEAN
COLLEGE OF

[illegible]
College, School, Division

Administration
Section, Division

453
Request Number

November 23, 1970
Date

## CONTINUATION SHEET

Creation of Department of Family Practice
RECOMMENDATION
(Type of Action)

3. ACADEMIC RANK (Continued)

Associate Professor of Family Practice. Individuals having dual rank will be determined by the chairman of those departments and the dean of the College of Medicine.

4. SELECTION OF A DEPARTMENTAL CHAIRMAN:

Dr. William E. Matory, Director of the Family Practice Residency Program, will be recommended by the Dean as the Departmental Chairman. The criteria for such Chairmanship are:

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(3) Demonstrated interest in seeking funds for the support and growth of a Family Practice Department.

5. Attached is a description of the Department and how it will function.

Marion Man
Recommended By
Marion Mann,M.
Dean

Supported By

PERS-15-10M-7-6

## PROPOSED DEPARTMENT OF FAMILY PRACTICE

The following is a description of the proposed organization of the Ambulatory Service - (Emergency Care Area - Outpatient Clinics - Family Practice Residency).

Discussion of Need:

The last several years have shown a great increase in the number of patients receiving outpatient care at major hospitals. Newer methods of therapy and attitudes toward hospitalized patients are serving to diminish the length of time required for hospitalization. Better outpatient evaluation, preparation, follow-up and preventive ambulatory care have further augmented this outpatient load. Indeed, the increase in cost of hospitalization demands will ultimately insure that greater ambulatory and outpatient capability be developed.

At Howard University, a major part of our training programs for students, interns and residents should be devoted to the management of the ambulatory patient and the medical administration of ambulatory care facilities. Experience with the paramedical personnel and ancillary community health services should also be developed on a responsible level.

A key consideration is the desire of the University and Medical School to prepare medical and paramedical personnel to provide comprehensive and continuing care to families and individual members of the community.

Our responsibility in this area can best be met through definitive structure and organization of our ambulatory services. The organization of these services should be done in such a way that the responsible attending staff and the department so organized will have appropriate recognition at the top levels of policy making and responsibility in the medical school. The proposed organization is as outlined below:

Departmental Status:

The ambulatory services will be organized into a department labeled: Department of Family Practice, Howard University College of Medicine. It will have equal status and responsibility as now enjoyed by the traditional departments of the medical school complex. Its departmental organization and academic ranks will be similar to those of the traditional departments.

Staff:

The staffing will be composed of the Medical Officers or attending personnel assigned responsibility in the various Divisions of Ambulatory Care. They will be listed as follows:

Attending Staff - Full-time salaried personnel
Courtesy Staff - Community physicians with this assignment and responsibility to the Ambulatory Service
Resident Staff - The Family Practice Residents

All attending staff will have University rank in the Department of Family Practice. During this period prior to the time that the Department is recognized by the Board of Trustees, the attending staff will have rank in the Departments of their individual classical specialty. The Ambulatory Service will remain as the source of salary under both conditions.

The staffing of the general clinics is now being done through assigning Medical Officers trained in the various major specialties. They also are expected to participate in the clinic of their classical specialty such as: endocrinology, cardiology, pediatrics, etc.

In this way, the Department of Family Practice will shoulder the responsibility for the attending staff in the Ambulatory Services. The various major specialties will be expected to assign to their particular specialty clinics personnel of their choice from their specialty budgets. In this way, manning of the specialty clinics will be shared among the several departments.

# SPECIAL CONSULTATION/RECOMMENDATION

## Appendix 2

January 8, 1971

Paul B. Cornely, M.D.
Professor of Community Health Practice
Howard University College of Medicine

Dear Dr. Cornely:

We have a project supported by a contract from the National Institutes of Health which is designed to develop a dependable means of training community physicians. We have incorporated in this project a residency program for developing community or family physicians.

Your special expertise in community medicine has especially prepared you as a knowledge-filled consultant in this matter. You have already helped us immeasurably in this regard.

Please give us the value of your evaluation and recommendations in writing. Please give special attention to the type of curriculum and technique input which we must use in our residency training program for black physicians.

Gratefully yours,

William E. Matory, M.D.
Director

WEM:tc

HOWARD UNIVERSITY
WASHINGTON, D. C. 20001

COLLEGE OF MEDICINE
*Department*
*of Community Health*
*Practice*

January 12, 1971

RECEIVED JAN 13 1971

MEMORANDUM:

To : Dr. William E. Matory, Director
Office of Continuing Medical Education

From : Paul B. Cornely, M.D., Professor Cornely

Subject : Residency Program for Community and Family Physicians

The Residency Program for Community or Family Physicians which you have been instrumental in developing has been of serious concern to the Department of Community Health Practice and, as you know, we have attempted to cooperate in participating in its initiation and development. This residency program in my opinion offers those individuals who are interested in this discipline a rather diversified program with a great deal of clinical experience.

The Conferences which are regularly held have great teaching value and provide the opportunity for the residents to evaluate their performance. The program has also provided the opportunity for these residents to work actively in other facilities, thereby, offering contrasting systems of delivery of health care. In addition to all of this, these residents participate in the teaching of students and interns as well as family physicians from the community.

The weaknesses which I have noticed in this program, and which I have discussed with you on a number of occasions, are the following:

1. The present family clinic has not truly developed into such a clinic so that health care continues to be provided on an individual rather than a family basis. It is my understanding that an effort is being made to alter this situation.

2. There has not been the emphasis on prevention which I believe should be an important facet in any residency program for community or family physicians.

3. Thus far there has been no assignment of residents in this program to the Department of Community Health Practice for the purpose of acquainting them with the various kinds of delivery of health care and the methods of evaluation and research.

RECEIVED JAN 13

This latter is of particular importance because black physicians must begin to develop concern about those diseases which are of particular importance to the poor and the blacks in the inner-city such as malnutrition, lead poisoning and mental retardation, and ways in which these could be combated in an effective manner.

I shall be glad to provide you with additional information as you so desire.

PBC/1st

Howard University
Final Report, Contract #NIH 70-4089(P)

# EVALUATION AND CRITIQUES FROM PARTICIPANTS

## Appendix 3

# EVALUATION OF TRAINING PROGRAM FOR NEIGHBORHOOD PHYSICIANS

The goals of this training program were to develop a model for a university based continuing education program. This was to be done by analyzing change in physician's practice patterns, and in determining the physician's enthusiasm and willingness to participate in the program. The ideal method of evaluating the success of the program in altering physicians' practice patterns would have been to observe them in their offices under controlled conditions as in a manner similar to that of Peterson et al in North Carolina, ("Analytical Study of North Carolina General Practice", Part 2, JME, December, 1956). Unfortunately, this was impossible. The participants would not, the director of the program felt, allow such observation. We therefore asked the participants themselves to rate the programs in terms of the knowledge they acquired, their confidence in applying it, and its effect on their practice patterns.

We asked each participant to fill out a sheet at the end of each session rating the demonstration in terms of the knowledge they had acquired and their confidence in applying it in their practice. At the end of the program they were again asked to rate the sessions in terms of the knowledge they had acquired and their confidence in applying the knowledge, to make suggestions for improving the program, to describe anything they had gained from the program, and to tell how it may have altered their practice.

# DATES AND SUBJECTS OF SESSIONS

June 10, 1970
  a. Resuscitation
  b. Chest Pain and Myocardial Ischemia
  c. Tumors of the G.I. Tract
  d. Practice Economics

June 17, 1970
  a. Cardiac Arrhythmia
  b. Congestive Heart Failure
  c. Hypertension
  d. Practice Economics

June 24, 1970
  a. Thyroid Disease and Thyroid Function Test
  b. Diabetes Mellitus

July 1, 1970
  a. Chronic Pulmonary Diseases
  B. Asthma
  c. Tuberculosis
  d. Carcinoma
  e. X-Ray of the Chest

July 8, 1970
  a. Psychosis in Ambulatory Patients
  b. Office Management
    1. Medicaid
    2. Group Hospital Insurance
  c. Business Management

July 15, 1970 .
  a. Neurologic Lesions
  b. Surgical Infections
  c. Lower Tract Urologic Obstructions in the Male and Female

July 22, 1970
  a. Common Pediatric Problems
  b. Prenatal Care
  c. Vaginal Bleeding

July 29, 1970
  a. Tumors of the Head and Neck
  b. Tumors of the Breast
  c. X-ray Diagnosis in Tumors

TABLE I

Percentage Of Those Enrolled Who Attended Each Session

| June 10 | June 17 | June 24 | July 1 | July 8 | July 15 | July 22 | July 29 |
|---|---|---|---|---|---|---|---|
| 83% | 78% | 88% | 78% | 66% | 71% | 66% | 59% |

Forty-one physicians were enrolled in the program. As Table I shows, the percentage of those enrolled decreased from 83% on June 10 to 59% on July 29.

## END OF SESSION EVALUATIONS

More than two-thirds to 92% of the people returning questionnairs indicated that they had learned a great deal from the sessions they attended. None indicated that they had learned a little or nothing.

TABLE II

Response Of Participants At End Of Each Session To Questions Asking Them To Rate In Terms Of The Knowledge They Acquired.

| Date of Session | Learned A Great Deal | Learned Something | Number Responding |
|---|---|---|---|
| June 10 | 68% | 32% | 22 |
| June 17 | 67% | 33% | 21 |
| June 24 | 91% | 9% | 22 |
| July 1 | 82% | 18% | 17 |
| July 8 | 92% | 8% | 13 |
| July 15 | 88% | 12% | 16 |
| July 22 | 77% | 23% | 13 |
| July 29 | 75% | 25% | 20 |

When they rated the sessions in terms of their degree of confidence in applying the knowledge they had acquired in their practice, they showed slightly less confidence in applying the knowledge than in the amount they had acquired, but no differences were statistically significant.

TABLE III

Rating Of Sessions By Participants In Terms Of The Degree Of Confidence They Had In Applying The Knowledge They Had Acquired In Their Practice

| Date of Session | Learned A Great Deal | Learned Something | Learned A Little | Number Responding |
|---|---|---|---|---|
| June 10 | 62% | 38% | 0 | 21 |
| June 17 | 62% | 38% | 0 | 21 |
| June 24 | 86% | 14% | 0 | 21 |
| July 1 | 82% | 18% | 0 | 17 |
| July 8 | 73% | 20% | 7% | 15 |
| July 15 | 87% | 13% | 0 | 15 |
| July 22 | 75% | 25% | 0 | 32 |
| July 29 | 84% | 16% | 0 | 19 |

TABLE IV

Rating Of Amount Of Knowledge Acquired About Each Aspect Of Each Session By Participants After They Had Completed The Course.

| Topic | A Great Deal 1 | 2 | 3 | Little Or Nothing 4 | Percentage Of Those Attending Who Responded |
|---|---|---|---|---|---|
| Tumors Of Head And Neck | 80 | 20 | 0 | 6 | 83 |
| Hypertension | 72 | 11 | 11 | 6 | 56 |
| Tumors Of Breast | 71 | 29 | 0 | 0 | 88 |
| X-Ray Diagnosis In Tumors | 69 | 31 | 0 | 0 | 67 |
| Diabetes Mellitus | 67 | 22 | 6 | 6 | 50 |
| Asthma | 65 | 30 | 4 | 0 | 72 |
| Congestive Heart Failure | 65 | 23 | 12 | 0 | 72 |
| Vaginal Bleeding | 65 | 23 | 12 | 0 | 63 |
| Resuscitation | 61 | 35 | 4 | 0 | 68 |
| Cardiac Arrhythmia | 61 | 35 | 0 | 4 | 72 |
| Lower Tract Urologic Obstructions in Male And Female | 60 | 35 | 10 | 0 | 69 |
| Surgical Infections | 58 | 32 | 10 | 0 | 66 |
| Prenatal Care | 58 | 21 | 16 | 5 | 70 |
| Chronic Pulmonary Disease | 57 | 38 | 5 | 0 | 66 |
| Neurological Lesions | 55 | 35 | 10 | 0 | 69 |

TABLE IV

| | | | | | |
|---|---|---|---|---|---|
| Tumors Of The GI Tract | 55 | 23 | 18 | 5 | 65 |
| X-ray Of Chest | 54 | 23 | 18 | 5 | 69 |
| Chest Pain And Myocardial Ischemia | 52 | 38 | 10 | 0 | 62 |
| Tuberculosis | 52 | 35 | 13 | 0 | 72 |
| Thyroid Disease And Thyroid Function Test | 50 | 44 | 6 | 0 | 50 |
| Carcinoma | 41 | 45 | 9 | 5 | 69 |
| Common Pediatric Problems | 36 | 58 | 0 | 5 | 69 |
| Psychosis In Ambulatory Patients | 33 | 52 | 14 | 0 | 68 |
| Group Hospital Insurance | 25 | 30 | 30 | 10 | 74 |
| Business Management | 21 | 37 | 21 | 21 | 52 |
| Office Management Medicaid | 20 | 50 | 20 | 101 | 74 |
| Practice Economics | 20 | 26 | 69 | 47 | 47 |
| Practice Economics | 13 | 40 | 27 | 20 | 44 |

As Table IV shows, at the completion of the course, participants still rated almost all of the sessions as having contributed a great deal of knowledge. The program rated most highly at its close, was the program which included psychosis in ambulatory patients, office management, and business management. Of 92% of those attending, it was rated very highly by only 33% of the participants after they had completed the whole program. On the other hand, only 14% of those responding responded in the negative category. The least popular parts of the program were the sessions having to do with office management, practice economics, business management, and group hospital insurance.

## TABLE V

Rating Of Sessions By Participants In Terms Of Their Confidence In Applying The Knowledge They Gained To Their Own Practice.

| Topic | A Great Deal 1 | 2 | 3 | Little Or Nothing 4 | Percentage Of Those Attending Who Responded |
|---|---|---|---|---|---|
| Surgical Infections | 73 | 20 | 7 | 0 | 52 |
| Tumors of Head And Neck | 73 | 20 | 0 | 0 | 63 |
| Vaginal Bleeding | 67 | 17 | 17 | 0 | 44 |
| Prenatal Care | 63 | 19 | 19 | 0 | 59 |
| X-Ray Diagnosis In Tumors | 62 | 31 | 8 | 0 | 54 |
| Hypertension | 60 | 33 | 7 | 0 | 47 |
| Tumors of Breast | 58 | 37 | 5 | 0 | 79 |
| Diabetes Mellitus | 56 | 38 | 0 | 6 | 44 |
| Asthma | 50 | 45 | 5 | 0 | 63 |
| Common Pediatric Problems | 50 | 36 | 7 | 7 | 52 |
| X-Ray of Chest | 50 | 30 | 15 | 5 | 63 |
| Carcinoma | 47 | 37 | 11 | 5 | 59 |
| Neurological Lesions | 47 | 24 | 29 | 0 | 59 |
| Tuburculosis | 44 | 56 | 0 | 0 | 56 |
| Thyroid Disease And Thyroid Function Test | 44 | 44 | 6 | 6 | 44 |
| Chest Pain And Myocardial Ischemia | 44 | 33 | 22 | 0 | 53 |

TABLE V

| | | | | | |
|---|---|---|---|---|---|
| Lower Tract Urologic Obstruction In Male And Female | 44 | 31 | 25 | 0 | 55 |
| Resuscitation | 43 | 33 | 24 | 0 | 62 |
| Chronic Pulmonary Diseases | 42 | 42 | 10 | 5 | 59 |
| Psychosis In Ambulatory Patients | 41 | 35 | 24 | 0 | 63 |
| Congestive Heart Failure | 39 | 56 | 5 | 0 | 56 |
| Cardiac Arrhythmia | 39 | 39 | 17 | 5 | 56 |
| Office Management Medicaid | 36 | 43 | 21 | 0 | 52 |
| Tumors Of The GI Tract | 35 | 41 | 24 | 0 | 50 |
| Group Hospital Insurance | 29 | 29 | 18 | 24 | 63 |
| Business Management | 27 | 18 | 36 | 18 | 41 |
| Practice Economics | 14 | 36 | 29 | 21 | 41 |
| Practice Economics | 7 | 43 | 7 | 43 | 44 |

Table V, showing the rating of the sessions by participants in terms of their confidence in being able to apply what they learned to their own practice is rather interesting. Far more people gave negative replies to these questions than they did the questions about knowledge acquired. The least useful programs were, again, practice economics, business management, and group hospital insurance. While the session on tumors of the GI tract was rated very highly by only 35%, 76% of those responding did give it a positive rating. Unfortunately, little more than one-half of the participants filled out this section of the form. Only the session on tumors of the breast was rated by more than two-thirds of the participants. I would therefore be hesitant on drawing any definitive conclusions from this data on applying knowledge to practice.

When participants were asked to describe anything they had gained from the program in terms of their own competence as a physician, they said,

> "The most important aspects of this program are that it 1) offers an excellent review of knowledge previously known but not kept at the fingertips by not being used, and, 2) it updates and keeps one current in line with changes over a broad field."
>
> "This course made me know what little I know--please repeat at an early date."
>
> "I feel my competence has increased immeasurably."
>
> "I have been stimulated to spend more time reading medical material and to apply the knowledge gained thereby."
>
> "EKG lectures were quite good--if there had been more time one could have acquired a great deal of competence."

> "Knowledge of new drugs, techniques, diagnostic procedures..."
>
> "This program has been most helpful. I was helped greatly on immunization and therapy on tuburculosis."
>
> "The use of intra-uterine devices--how to insert them? Demonstrations and detailed types of minor surgical procedures to sterilize the male."
>
> "Resuscitation, diabetes, asthma, surgical infections (excellent)"
>
> "From the raft of information presented, one picks up new ways and methods of handling medical problems--this was the case for me in so many instances."

One of the major goals of the program was to have the physicians refer more patients. In answer to the question, "in what ways or way has this program altered the way in which you practice medicine", five physicians indicated that they were doing more with referrals. Another goal of the program was to have the physicians become aware of the facilities at Howard. One physician indicated that he had now become aware of this. Ten physicians commented:

> "I have been making more referrals"
>
> "Increase in referrals"
>
> "This program has influenced me to use more referrals, personnel, and facilities."
>
> "EKG referrals will be more frequent. I would be interested in a course in EKG if possible."
>
> "Increased confidence in awareness of facilities available at Howard."

"use of more laboratory procedures"

"It has brought me more abreast of newer concepts of handling medical situations. I can't say that I won't practice better medicine as a result."

"more referrals and better use of facilities in this area"

"The program definitely would be expected to elevate the work (practice methods)--to discard those methods passe and to add to present methods--modern concepts."

"I have a concerned attitude because of the increase in knowledge and/or rather a refreshment of knowledge."

The following suggestions were made for improving the program:

"A little more time on hypertension and drug therapy."

"Perhaps, more emphasis on office or ambulatory care - in particular, hypertension, drug addiction, alcoholism therapy, EKG, common dermatological problems."

"(1) More time for questions following lectures
(2) More time for EKG especially
(3) More clinics on the day of lectures--more work"

"Restrict range of presentation to specific problems
Broad coverage in short time--unsatisfactory."

"All lectures were very informative. At times the speakers were somewhat difficult to understand."

"Have a complete outline of each consultants report in order that each one who attends might read it before and after the report has been given."

"Whereas we may be familiar with much of the material basically from general medical knowledge, it is sometimes just as important to have "refreshers" along these lines as it is to learn something new."

"All lectures have been extremely good, but the July 1, 1970 series in total was a classic-well coordinated-almost a complete picture of the chest."

> "The sessions that I have attended have been most helpful and will be useful to me in the performance of my work."
>
> "The course was very helpful. I hope for its continuation."
>
> "Lectures have been very beneficial and stimulating."
>
> "Continue to bring it down to the level of the practicing physician and do not make it too academic."

For those attending, this was obviously a successful learning experience. I would recommend, as did some participants, that as little didactic material as possible be presented, and that the use of demonstrations be increased. More participation by the attending physicians should be encouraged. Part of each session might be devoted to appropriate case presentations by the participants. This might ensure more confidence on their part in applying the knowledge they gained.

In conclusion, considering the percentage of those who enrolled that continued to attend, I think we can say that the program was successful in generating enthusiasm and a willingness to participate on the part of this group of physicians. Their own suggestions for improving the program should be given serious consideration in any planning of future programs. About half (ten) of those who filled out the end-of-program evaluation sheet described changes in their patterns of practice, resulting from participation in the program. Given the reluctance of individuals to change their behavior, despite educational experiences, this should be interpreted as a very positive result.

Lincoln 6-8080

**EGBERT V. WILTSHIRE**
PHYSICIAN & SURGEON
717 FLORIDA AVENUE, N. E.
WASHINGTON, D. C. 20002

College of Medicine
Office of
Continuing Medical Education

8/11/70

Dear Dr. Matory:-

I found the lectures and courses very very informative, and exceedingly helpful to me in my busy practice of medicine.

I was brought up to date on many of the useful advances in Medicine that had passed me by, since I graduated in 1943.

I hope similar courses will be continued and continued.

Sincerely E. Wiltshire

JULIUS HOFFMAN, M. D.
NEUROLOGY AND PSYCHIATRY

3000 CONNECTICUT AVE., N. W.
WASHINGTON, D. C. 20008
TEL. 667-9200

7805 GREEN TWIG ROAD
BETHESDA, MD., 20034
TEL. 365-5024

17 August 1970

William E. Matory, M.D.
Director, Continuing Medical Education
College of Medicine
Howard University
Freedmen's Hospital
Washington, D.C.

Dear Matory:

I welcome the invitation to write a critique of the recently completed series of lecture-demonstrations on Continuing Medical Education given at the College of Medicine at Howard University. In actuality, I attended all the sessions but two though not the clinics due to a scheduling conflict.

For my personal and professional needs, the course was most fulfilling in that it not only served as a general refresher but I believe made me more current in the fields of medicine outside my specialty which is psychiatry and pediatric neurology.

That the main thrust was a pragmatic one was most commendable and most often the lecturers hit the mark. Unfortunately, a few were not only way off target but I'm afraid off in the esoteric wild blue yonder. Most of the instructors related well to the audience, though some were hardly aware of its existence, except at the end of the individual session, and then as a sort of afterthought. The mimeographed outlines were excellent though it would have proven more helpful to have had them all well beforehand so that they might be reviewed prior to class and thus permitted more time for further inquiry of the experts. Bibliographical references would have been a welcome addition. I feel that it was unfortunate that some of the instructors were not fully prepared or, to the contrary, overprepared. The former became repetitious or involved with inconsequentials, while the latter appeared rushed "to get it all in"...a race with the clock.

Some of the demonstration materials such as slides and x-rays were either inappropriate or poorly demonstrated.

As for some of the administrative aspects, the cordiality and helpfulness of your staff were most obvious. The secretaries were most gracious. It was a fine idea having the coffee and luch breaks and, I might add, very generous of you. I would have hoped for an opportunity to have become better acquainted with the other participants and the instructors more informally. It might have provided a chance to share information and experiences with these gentlemen who in the years of practise have undoubtedly gathered much of value and this sharing could have benefitted us all.

I feel fairly certain that attending the course has been of inestimable value to me and I sincerely trust of benefit to my patients. I should like to add that in general, the program scores fairly highly and I would encourage a continuation of the Continuing Medical Education Courses. May I also express my own appreciation to you, Dr. Matory, for all your kindness and consideration. I can well understand now why your staff was so efficient and pleasant. They take their cues from their chief.

Once again, thank you and I am looking forward to further contacts with you.

Yours very truly,

Julius Hoffman, M.D.

JH:pvs

ARTHUR H. JOHNSON, M. D.
429 N STREET S. W.
WASHINGTON, D. C. 20024

18August70

Dear Mrs. Chapman;

Replying to your letter of August 11th., the courses in Continuing Medical Education, offered this summer,were most interesting and benificial.

The program gave me a fresh, updated concept of today's methods. I found the comparison of diseases in different cultural and ethnic groups of particular interest.

I hope the program will be continued.

Sincerely yours,
Arthur J Johnson
Arthur H. Johnson,M.D.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN RESOURCES
HEALTH SERVICES ADMINISTRATION
WASHINGTON, D. C. 20001

IN REPLY REFER TO:

August 19, 1970

William E. Matory, M.D., F.A.C.S.
Director, Office of Continuing Education
Howard University
Washington, D. C.

Dear Dr. Matory:

I am writing to express my appreciation and gratitude for having been able to attend the recent program of continuing medical education for neighborhood physicians.

Being a member of a neighborhood clinic, I especially benefited from the program since this is probably the only program in the area designed to meet the needs of physicians like myself.

I hope this would continue to be an informative refreshing continuing medical education and as was discussed during one of the sessions an attempt will be made to extend the program so that it will be available for longer durations during the years.

Sincerely yours,

Krishan L. Gupta, M.D.
Medical Officer
Anacostia Neighborhood Health Center

KLG/bfg

RECEIVED AUG 26 1970

PH-1062-1

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**
**DEPARTMENT OF PUBLIC HEALTH**
**WASHINGTON 1, D. C.**

IN REPLY REFER TO:

RECEIVED AUG 25 1970

8-20-70

Dear Dr. Matory,

This is to express my appreciation to you and your staff for the opportunity to participate in the program for the Neighborhood Physcian during June and July 1970.

It was a most gratifying course and will certainly help in daily practice. It provided a good opportunity to renew current trends in medicine.

I certainly look forward to participating in a similar course next year.

Sincerely
Marlene N. Kelley MD

AREA C 85-F
NEIGHBORHOOD HEALTH CENTER
635 H STREET, N. E.
WASHINGTON, D.C. 20002
Phones: LI 7-7000 & 623-2702

FORM E PHC—REV. 10-64

TEL. LU. 2-8786

**ROBERT R. NELSON, M.D.**
4645 DEANE AVE., N.E.
WASHINGTON, D. C. 20019

9/2/70

RECEIVED SEP

Howard University
College of Medicine
Office of Continuing Medical
Education.

William E. Matory

Dear Dr Matory,

This short note is written to inform you of the great value and benefit that I gained from this Summer's Medical Program. The lectures and demonstrations were most instructive. The information has been useful in my practice. I do hope that next year a course will again be offered

Sincerely
Robert Nelson MD

*Oscar H. Whiting, Jr., M. D.*

OFFICE:
4248 BENNING ROAD, N. E.
WASHINGTON, D. C. 20019
396-5252

RESIDENCE:
7901 - 14TH STREET, N. W.
WASHINGTON, D. C. 20012
TA 9-5925

RECEIVED SEP 1 1970

September 3, 1970

Dr. William E. Matory
Office Of Continuing Medical Education
Box 95
Howard University College Of Medicine
520 "W" Street, N. W.
Washington, D. C. 20001

Dear Dr. Matory:

As a participant in the special training program for neighborhood physicians during 1969 and 1970, I want to let your office know of the high esteem that I assign to this very valuable educational endeavor. The program, acting somewhat like a dose of geritol for that fabled patient suffering from "tired blood", was an excellent vehicle for informing the general practicioner of new technological trends in medical practice.

In my own case, my participation stimulated me to increase and vary my medical reading, with an aim of sharpening my diagnostic procedures to provide the highest level of medical care that I can to my patients.

I feel that we in medicine - as is true also of those in other professions - sometimes have a tendency to get so involved in our daily practices that we have little time for, and give little attention to, medical technology trends. Projects like the neighborhood physicians training program help immeasurably to alleviate this tendency and, at the same time, support the national goal of a constantly improving quality of medical care for our citizenry.

The 1969-70 program not only imparted knowledge directly to the attending physician, but it also served as an indirect encouragement to affiliate with medical associations

September 3, 1970

that work to keep their members informed of health care changes. I can give personal testimony to this since an indirect result of my participation in the program was my selection to the American Academy of General Practice.

Based on personal experience and what I believe is the attitude of others in my class, I strongly recommend that the neighborhood training program be continued. Everyone wants better health care. The program is a small, but positive step toward that end - and, in the total scheme of spending priorities, a relatively inexpensive drain on the federal budget.

Sincerely,

Oscar H. Whiting, Jr., M. D.

RC 9/15/70

**JAMES E. WALKER, M.D.**
PHYSICIAN AND SURGEON
502 TEA STREET, N.W.
WASHINGTON, D. C. 20001
PHONE 667-4238

September 10th, 1970

Dear Dr. Matory,

In you records my name is listed as Dr. James C. Walker. Please have this corrected to Dr. James E. Walkee. My middle name is Edward.

I enjoyed and benefitted a great deal from the Seminars. Please see that my name is included in any further seminars.

Respectfully,
James E Walker, M. D.
James E. Walker, M.D.

RECEIVED SEP 14 1970

# CORRESPONDENCE TO PARTICIPANTS

## Appendix 4

HOWARD UNIVERSITY
WASHINGTON, D. C. 20001

COLLEGE OF MEDICINE
COMMITTEE ON CONTINUING MEDICAL EDUCATION

January 13, 1970

Dear Doctor:

I am writing to remind you of the coming program on Narcotics. This program has been planned to be quite informative on the aspects of narcotic addiction and how the neighborhood physician can best serve the patient with this disease.

Please plan to attend the meeting between 9 a.m. and 11 a.m. on Wednesday, January 21, 1970. The speakers will include Dr. Maurice Corbin, Assistant Chief, In-Patient Service, Area "B" Community Mental Health Center, and Dr. Emil Trellis, Director, Shadyside-Squirrel Program, Community Mental Health Center, Pittsburgh, Pennsylvania. Also attending the meeting will be Dr. John Algee and Dr. Juliette Simmons, who are greatly involved in such programs. Many representatives from the Baltimore Department of Health Narcotics Program will also be present to participate in the discussion.

Please plan to attend. PARKING IS ARRANGED ON THE STREET IN FRONT OF THE MEDICAL SCHOOL.

Sincerely yours,

William E Matory MD

William E. Matory, M.D.
Director

WEM:tc

HOWARD UNIVERSITY
WASHINGTON, D. C. 20001

COLLEGE OF MEDICINE
COMMITTEE ON CONTINUING MEDICAL EDUCATION

January 28, 1970

Dear Doctor:

Enclosed are additional notes taken during our training program for the neighborhood physician in 1969.

I hope you will find some points of interest which you can use in your daily practices.

We hope that you will participate in the training program of 1970 in June and July. A vigorous program of demonstrations in office techniques is planned. We look forward to receiving your comments and suggestions.

Sincerely yours,

William E. Matory, M.D.
Director

WEM:tc

Enclosures

HOWARD UNIVERSITY
WASHINGTON, D.C. 20001

COLLEGE OF MEDICINE
OFFICE OF
CONTINUING MEDICAL EDUCATION

March 12, 1970

Dear Fellow Physician:

Enclosed are additional copies of our Washington, D.C. training program demonstration series. We hope that you will find them helpful in your practice.

Incidentally, you should begin to plan for the weekly Training Program for 1970. This should begin sometime in September. You will be hearing from us in the future regarding this program.

Sincerely yours,

William E. Matory, M.D.
Director

WEM:tc

Enclosure: three lecture-demonstrations

HOWARD UNIVERSITY
WASHINGTON, D.C. 20001

COLLEGE OF MEDICINE
OFFICE OF
CONTINUING MEDICAL EDUCATION

March 18, 1970

Dear Fellow Physician:

Enclosed is the final copy of your lecture-demonstrations. We hope that these have helped you in your daily practice.

Also enclosed is the booklet, "Organization and Management of Family Practice". I hope that you will find some data helpful to you as you thumb through it.

Sincerely,

William E Matory

William E. Matory, M.D.
Director

WEM:jab

Enclosure

P.S. Keep Wednesday mornings available in June and July for our second training series for the Neighborhood Physician.

Form letter

tc

HOWARD UNIVERSITY
WASHINGTON, D.C. 20001

COLLEGE OF MEDICINE
OFFICE OF
CONTINUING MEDICAL EDUCATION

April 15, 1970

Dear Dr.

The 1970 Training Program for the Neighborhood Physician will be given for eight weeks from June 10, 1970, to July 29, 1970.

This is a program designed especially for physicians whose major practice is with the ambulatory patient. The training program will consist of Wednesday morning demonstrations, Wednesday noon courses, clinic visits, and office consultations.

Clinic visits, under the direction of our Family Practice and Continuing Medical Education staff, will be sponsored throughout the week during this period. Our Family Practice and Continuing Medical Education specialty staff will come to your office at your request and discuss various aspects of office patient management.

This will be the second year for this program. Last year it was very well received by a number of your colleagues. The program will be approved for credit by the American Academy of General Practice.

Your participation in this training program will lead to our sponsorship for your membership in the American Academy of General Practice. It will also entitle you to become a member of our staff in Family Practice at Howard University-Freedmen's Hospital.

Within a few days you will receive a printed program inviting your participation. I certainly hope you will join us in June.

Sincerely yours,

William E. Matory, M.D.
Director

WEM/tc

HOWARD UNIVERSITY
WASHINGTON, D.C. 20001

COLLEGE OF MEDICINE
COMMITTEE ON CONTINUING MEDICAL EDUCATION

April 27, 1970

Dear Dr.

Enclosed is an advance copy of the 1970 Training Program for Neighborhood Physicians to be held from June 10 to July 29, 1970.

Please return this pre-registration form if you plan to attend. The enclosed envelope is for your convenience.

NAME: ________________________________ Office phone # ________

Participation Requested:

Lecture and demonstrations (9 to 11:30 a.m.) ____________________

Special noon course ____________________
(write in course desired)

Clinic visits ____________________
(write in preferred clinics)

Office consultation ____________________

Name Area of Need

COPY

Form Letter
Participants
tc

May 14, 1970

Dear Dr.

We are asking your help in seeking enrollment of others for the 1970 Training Program for the Neighborhood Physician. Please encourage your physician friends or close associates to enroll in the program.

The 1970 Training Program for the Neighborhood Physician will begin on June 10, 1970 (in about three (3) weeks). It promises to be even more enlightening and better organized than was the 1969 Training Program.

The clinical faculty of the medical school are all very anxiously awaiting your participation.

Your assistance in this enrollment will be greatly appreciated.

Sincerely yours,

William E. Matory, M.D.
Director

WEM:tc

HOWARD UNIVERSITY
WASHINGTON, D.C. 20001

COLLEGE OF MEDICINE
OFFICE OF
CONTINUING MEDICAL EDUCATION

June 2, 1970

Dear Dr.

We have received your application for the 1970 training program. We are preparing to provide for your choice in participation.

Please let us know if any additional information is needed by you. We look forward to your presence and participation with great eagerness.

Sincerely yours,

William E. Matory, M.D.
Director

WEM:tc

HOWARD UNIVERSITY
WASHINGTON, D.C. 20001

COLLEGE OF MEDICINE
OFFICE OF
CONTINUING MEDICAL EDUCATION

June 8, 1970

Dear Doctor:

Enclosed is a parking permit to be used for parking in front of the College of Medicine each Wednesday from 8:45 to 1:00 p.m.beginning June 10 and ending July 29, 1970.

Please display the parking permit on the inside of your windshield. The same permit is to be used each Wednesday.

We look forward to seeing you on Wednesday.

Sincerely yours,

Thelma B Chapman

Mrs. Thelma B. Chapman
Secretary

Enclosure

TO D.C. participants
who pre-registered

HOWARD UNIVERSITY
WASHINGTON, D.C. 20001

COLLEGE OF MEDICINE
OFFICE OF
CONTINUING MEDICAL EDUCATION

June 8, 1970

Dear Dr.

Thank you for agreeing to be a presiding practitioner for our training program. The responsibility of the presiding practitioner will be to stimulate questions or make points of relevance to be sure that the discussant covers items germane to office practice.

It would be quite desirable if you will bring an office case of your practice or one known to you which may act as a focus of discussion. Your criticism of each presentation will be expected so as to insure better delivery in the future.

Gratefully yours,

William E. Matory, M.D.
Director

WEM:tc

DEPARTMENT OF HUMAN RESOURCES
HEALTH SERVICES ADMINISTRATION

Washington, D.C. 20009

June 16, 1970

TO: Participants
Training Program for Neighborhood Physicians

THRU: William E. Matory, M.D.
Director of Training Program

FROM: Raymond L. Standard, M.D., M.P.H. RLS
Director, Health Services Administration

I sincerely appreciated the recent opportunity to greet you and to lend the Health Services Administration's endorsement to the fine program that is being conducted by Doctor Matory and staff.

It was a pleasure to greet so many of my friends and co-workers in the community. I'm sorry that I had to leave the session before the other physicians arrived.

The interest that you have shown in enhancing your service to the community through continuing education is indeed a tribute to your professional dedication. The citizens of Washington, D.C. can be better served with dignity by dedicated neighborhood physicians like yourself.

Thank you for your help in providing quality medical care for our residents.

RLS/ed

HOWARD UNIVERSITY
WASHINGTON, D.C. 20001

COLLEGE OF MEDICINE
OFFICE OF
CONTINUING MEDICAL EDUCATION

Form Letter
Participants

To: All Participants in the Continuing Medical Education Training Program for Neighborhood Physicians

From: W E Matory MD
William E. Matory, M.D., Director

Attached is an application for the American Academy of General Practice. I would like very much to endorse your application for membership in this organization.

The American Academy of General Practice is especially attuned to the continuing medical education needs for practicing physicians. Our programs are especially patterned to meet the Academy standards.

Your membership will enhance your continuing medical education program and provide for other privileges likely to be awarded to Academy members.

Please fill out and return with your check to Office of Continuing Medical Education, Box 95, College of Medicine, Howard University, for endorsement.

HOWARD UNIVERSITY
WASHINGTON, D.C. 20001

COLLEGE OF MEDICINE
OFFICE OF
CONTINUING MEDICAL EDUCATION

July 8, 1970

Dear Doctor:

Enclosed are your copies of your record of participation in the Training Program for the Neighborhood Physician for 1970-71. You may expect a copy for each session that you attend in the future. That is the reason for registration each Wednesday.

If there are any errors, please contact us at 797-2138, 797-1671, or 797-1762.

Thank you for your participation.

Sincerely yours,

Thelma B. Chapman

Mrs. Thelma B. Chapman
Secretary

Enclosures

HOWARD UNIVERSITY
WASHINGTON, D.C. 20001

COLLEGE OF MEDICINE
OFFICE OF
CONTINUING MEDICAL EDUCATION

August 11, 1970

Dear Doctor:

Thank you for presiding at one of our sessions for the neighborhood physician. Your active participation did much to stimulate the interests of the other participants.

We hope the topics discussed during the demonstrations were interesting and informative, and will prove beneficial to you in your daily practice.

As I indicated in the July 15 session, a letter giving your opinion of the concentrated portion of the program and indicating your desire to have the program continued would be very instrumental in justifying a similar course next year.

Clinic visitations are still available upon request. I am enclosing a clinic schedule for your convenience. If you desire to visit the clinics, please notify this office of the date and time.

Special office consultations are also still available upon request. You may request consultation in your office or in the professor's office. In either case, please notify this office.

We look forward to your continued attendance at our Third Wednesday Morning Seminars beginning September 16 through May 19, 1971 from 9:30 to 11 a.m. Topics will stress aspects of continuous ambulatory care for the family.

May we hear from you soon.

Gratefully yours,

Thelma B Chapman

Mrs. Thelma B. Chapman
Administrative Assistant

Enclosure

# TRAINING PROGRAM FOR NEIGHBORHOOD PHYSICIANS

Howard University
College of Medicine

## REQUEST FOR CLINIC VISITATION

Please list below the clinic you desire to visit:

Clinic ______________________________

Date Preferred ______________________________

Time ______________________________

(See Attached Announcement for day and time clinic is scheduled)

______________________________
Your Name

List Additional Requests Below:

## TRAINING PROGRAM FOR NEIGHBORHOOD PHYSICIANS

Howard University
College of Medicine

### REQUEST FOR CONSULTATION

Please list below the professor with whom you desire consultation:

Professor's Name______________________________

Hospital Consultation:

Date Preferred__________________ Time__________

Office Consultation:

Date Preferred__________________ Time__________

______________________________
Your Name

List Additional Requests Below:

CME/tp-7/70

HOWARD UNIVERSITY
WASHINGTON, D.C. 20001

COLLEGE OF MEDICINE
OFFICE OF
CONTINUING MEDICAL EDUCATION

August 11, 1970

Dear Doctor:

Thank you for your participation in the recently completed program for the neighborhood physician. Your attendance throughout the course was most gratifying.

We hope the topics discussed during the demonstrations were interesting and informative, and will prove beneficial to you in your daily practice.

As I indicated in the July 15 session, a letter giving your opinion of the concentrated portion of the program and indicating your desire to have the program continued would be very instrumental in justifying a similar course next year.

Clinic visitations are still available upon request. I am enclosing a clinic schedule for your convenience. If you desire to visit the clinics, please notify this office of the date and time.

Special office consultations are also still available upon request. You may request consultation in your office or in the professor's office. In either case, please notify this office.

We look forward to your continued attendance at our Third Wednesday Morning Seminars beginning September 16 through May 19, 1971 from 9:30 to 11 a.m. Topics will stress aspects of continuous ambulatory care for the family.

May we hear from you soon.

Sincerely yours,

Thelma B Chapman

Mrs. Thelma B. Chapman
Administrative Assistant

Enclosure

HOWARD UNIVERSITY
WASHINGTON, D.C. 20001

COLLEGE OF MEDICINE
OFFICE OF
CONTINUING MEDICAL EDUCATION

Form Letter

August 12, 1970

To: EKG Course Participants, Training Program for Neighborhood Physician

From: Thelma B. Chapman, Administrative Assistant

Enclosed are the EKG's that Dr. Fischmann promised to send you at the end of the course. I hope that they will be beneficial to you in your practice.

HOWARD UNIVERSITY
WASHINGTON, D.C. 20001

COLLEGE OF MEDICINE
OFFICE OF
CONTINUING MEDICAL EDUCATION

September 21, 1970

Dear Doctor:

The Family Practice board will be offered on February 28 and March 1, 1971. This will provide an excellent opportunity for those practitioners who have kept abreast with the educational aspect of their practice to advance in credentials.

The deadline for registration for the examination is 1 November 1970. Applications will be received by writing Nicholas J. Pisacano, M.D., Secretary Treasurer, University of Kentucky Medical Center, Annex #2, Room 229, Lexington, Kentucky, 40506.

On January 25 through 30, 1971, we will offer an intensive review course here at Howard University, School of Medicine. This course will be designed as an intensive review in Family Medicine and Ambulatory Care. It will serve to reinforce your knowledge and techniques.

We highly recommend the course for those who would like such a review. Registration for the Howard University course will be $150 to be paid by 1 December. (Your check should be made out to Continuing Medical Education, Howard University.)

Sincerely yours,

William E. Matory, M.D.
Director

WEM/hr

HOWARD UNIVERSITY
WASHINGTON, D.C. 20001

COLLEGE OF MEDICINE
OFFICE OF
CONTINUING MEDICAL EDUCATION

September 30, 1970

Dear Dr.

In preparing a summary evaluation of our June-July, 1970 Training Program for Neighborhood Physicians, we find that we do not have your final evaluation form.

We are in the process of making our quarterly progress report and of justifying a similar program for next year; and, of course, we need substantial evidence of the success of this year's program. Your evaluation will help us to justify as well as improve next year's program.

For your convenience, I am enclosing Evaluation Form A. Please take a few minutes to fill it out and return it to us by Friday, October 9.

Incidentally, we hope you will find it convenient to attend the Third Wednesday Conferences.

Sincerely yours,

Thelma B Chapman

Thelma B. Chapman
Administrative Assistant

TBC/hr

Enclosure

HOWARD UNIVERSITY
WASHINGTON, D.C. 20001

COLLEGE OF MEDICINE
OFFICE OF
CONTINUING MEDICAL EDUCATION

September 25, 1970

Dear Participating Physician:

The back cover of the enclosed booklet is a business reply card which gives you permission to request a reprint of the paper, "When Do You Treat the Hypertensive - And How?"

We are sending this booklet to you because we think that you might be interested in the reprint. If so, please sign your name and drop it in the mail.

We hope you will find it quite beneficial to you in your practice.

Sincerely yours,

Thelma B Chapman

Thelma B. Chapman
Administrative Assistant

TBC/hr

Enclosure

HOWARD UNIVERSITY
WASHINGTON, D.C. 20001

COLLEGE OF MEDICINE
OFFICE OF
CONTINUING MEDICAL EDUCATION

September 30, 1970

Enclosed is a pamphlet, "The Electrocardiogram in Myocardial Infarction," which we distributed to the 1970 participants in our Training Program for Neighborhood Physicians.

We are sending it to you because of your participation in the 1969 program. We hope you will find it beneficial in your practice.

Sincerely yours,

Thelma B Chapman

Thelma B. Chapman
Administrative Assistant

TBC/hr

Enclosure

HOWARD UNIVERSITY
WASHINGTON, D.C. 20001

COLLEGE OF MEDICINE
OFFICE OF
CONTINUING MEDICAL EDUCATION

November 12, 1970

Dear Participant:

Your participation in our Training Program for Neighborhood Physicians indicate that you have a desire to keep abreast of the current trends in medicine. The sessions that you attended were designed for that purpose.

As another service to you, we are sending you an electrocardiogram guide, which is a series of representative drawings of electrocardiograms designed to help you identify deviations from normal. We hope you find the guide beneficial to you in your daily practice.

Incidentally, DON'T FORGET TO ATTEND OUR THIRD WEDNESDAY MORNING CONFERENCES WHICH BEGAN IN SEPTEMBER. (Room 2208, College of Medicine). We look forward to seeing you there in the future.

Sincerely yours,

Thelma B Chapman

Mrs. Thelma B. Chapman
Administrative Assistant

Enclosure

# CORRESPONDENCE TO TEACHING FACULTY

## Appendix 5

Preceptors Comm.

HOWARD UNIVERSITY
WASHINGTON, D.C. 20001

COLLEGE OF MEDICINE
OFFICE OF
CONTINUING MEDICAL EDUCATION

April 14, 1970

Dear Dr.

Enclosed is a proposed schedule for our Training Program for June and July of this year. Please note that the schedule includes demonstrations to be given in office diagnosis and management.

It is hoped that the material presented will be practical but exacting and knowledgeful with particular care to demonstrate these problems when possible.

In preparation for this presentation I would like for you to organize your material in a short manuscript. This will be used as part of our weekly news note to be sent out to the physicians during the next year. It will also act as an outline for your demonstration.

Please review the enclosed schedule and let me know if you accept and if the date is to your liking. It is important that you reach your decision very shortly so that the schedule can be printed and circulated.

Sincerely yours,

William E. Matory, M.D.
Director

WEM:tc

Enclosure

HOWARD UNIVERSITY
WASHINGTON, D. C. 20001

HOWARD UNIVERSITY TUMOR CLINIC
FREEDMEN'S HOSPITAL

tc

April 16, 1970

William E. Matory, M. D.
Director
Continuing Medical Education
Howard University College of Medicine
Washington, D. C.

Dear Dr. Matory:

I received your schedule for the Training Program for June and July of this year.

I will be glad to participate in the program but on the 29th of July I am scheduled to be out of town. I would appreciate if you will reschedule me for a date in June or earlier in July.

Sincerely yours,

Jack

Jack E. White, M. D.
Professor of Surgery
Director, Clinical Cancer Training

JEW/emb

HOWARD UNIVERSITY
WASHINGTON, D. C. 20001

COLLEGE OF MEDICINE
DIVISION OF UROLOGY

tc

April 20, 1970

Dr. William B. Matory
Director of Continuing
Medical Education
College of Medicine
Howard University

Dear Dr. Matory:

In checking your projected program dates for "Problems in Office Diagnosis and Management", I gladly accept July 15, 1970 for the presentation of "Lower Tract Urologic Obstructions in the Male and Female".

Again, thank you for being able to contribute to your program.

Sincerely yours,

George W. Jones, M. D.
Chief, Division of Urology

GWJ/mw

Preceptors

April 28, 1970

COPY

Dr. Riley F. Thomas
Internist
600 - 11th Street, N.E.
Washington, D. C.

Dear Dr. Thomas:

The Office of Continuing Medical Education of Howard University appreciate your acceptance of our invitation to speak for the Family Practice-Neighborhood Physicians Training Program, special Wednesday seminar on "Caring for the Aging Patient."

This program will be held on Wednesday, May 20, 1970, from 9 a.m. to 11:30 a.m. in room 3210 of the College of Medicine.

We have scheduled your lecture for 9:00 a.m.. Forty minutes have been allotted to you for your presentation on "Endocrine Problems of the Aged." There will be two other guest speakers on this program. A panel-type question and answer period will follow completion of the lecture portion of the program.

The audience will consist of physicians from the Washington area engaged in office practice and are interested in material and information relevant to the problems encountered in treatment of the ambulatory patient.

A light luncheon will follow in the faculty lounge in theCollege of Medicine.

Sincerely yours,

(Mrs.) Virnitia H. Wood
Administrative Assistant

VHW:jab

Preceptors

April 28, 1970

Mr. Hugh Ferry
Professional Business Management, Inc.
1012 - 20th Street, N.W.
Washington, D.C.

Dear Mr. Ferry:

Each Wednesday morning from June 10th through July 29th, I am presenting a training program for practicing physicians. Many of these physicians have requested a discussion of the aspects of business and finance related to the practice of medicine. I have tried in vain to find someone of your competence and cooperation to bring to this group this much needed information.

It would be a pleasure for us if you would lecture on aspects of practice management. How much time you can give will be up to you. You may like to give a series of 2,3,4, or 5 weekly lectures for 30 minutes or, one lecture on July 8th for one hour. You would be compensated as a consultant $50.00 for each lecture.

Please let me know as early as possible which will be best suited for you. I would like to go to press with an announcement of the program this week.

Sincerely yours,

William E. Matory, M.D., Director
Family Practice Residency Program
Director, Continuing Medical Education

WEM/dh

Preceptors x
tc

May 12, 1970

COPY

Mr. George Halstead
Executive Assistant to the
Associate Director for Medical Care
D.C. Department of Public Health
1875 Connecticut Avenue, N.W.
Room 823
Washington, D.C.

Dear Mr. Halstead:

Thank you for your kind acceptance of our invitation to participate in the 1970 phase of the Neighborhood Physicians Training Program entitled "Problems in Office Diagnosis and Management." This program will be presented each Wednesday for eight weeks, beginning Wednesday, June 10, 1970, from 9 a.m. to 12 noon in either the Freedmen's Hospital Auditorium or the Cardiovascular Auditorium, also located in Freedmen's Hospital.

This Training Program is presented to provide the neighborhood physician with the current and relevant material so necessary for effective management of his patients and his office.

Your talk is scheduled for 10:30 a.m. on July 8, 1970. You will have one hour for your presentation.

For the purpose of compiling outlines for the physicians, kindly send me, by June 1, 1970, the following information:

1. The exact title of your talk
2. A brief abstract or outline of the material that you intend to cover.

Sincerely yours,

Mrs. Virnitia H. Wood
Administrative Assistant

VHW:tc

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF PUBLIC HEALTH
WASHINGTON, D. C. 20001

IN REPLY REFER TO

June 4, 1970

RECEIVED JUN 8 1970

William E. Matory, M. D.
Director
College of Medicine
Office of Continuing Medical Education
Howard University
Washington, D. C. 20001

Dear Dr. Matory:

Thank you for your kind letter of May 25, 1970, regarding participation in the Neighborhood Physicians Training Program.

I am personally most regretful that one of the possible interferences which I mentioned to Mrs. Wood in our earlier discussion has materialized, and I will not be able to be present as scheduled. Since I so thoroughly enjoyed the priviledge of participating last year and felt that our brief session proved beneficial to all concerned, I consider it a personal loss to be unable to participate this year.

Fortunately, the subject matter indicated in the program covers a field in which one of my associates is well versed. I have therefore asked Mr. Peter B. Coppola, Chief of the Bureau of Processing and Review, Directorate for Medical Care, Health Services Administration, D. C., to cover this subject in my stead.

I hope that this substitution will be acceptable to you and have asked Mr. Coppola to contact your office and to provide an outline of the subject matter which he will be covering as quickly as possible.

Very truly yours,

GW Halstead

George W. Halstead
Executive Assistant to the
Associate Director for Medical Care

Preceptors

COPY

June 18, 1970

Mr. Peter B. Coppola, Chief
Bureau of Processing and Review
Directorate for Medical Care
Health Services Administration
801 North Capitol Street, N.E.
Washington, D.C.

Dear Mr. Coppola:

Mr. George Halstead has informed us that you have agreed to participate in his stead in our Training Program for the Neighborhood Physician on Wednesday, July 8, 1970. Thank you for your acceptance.

We have now completed two weeks of the program. The weekly attendance has been 39. The program is generally well received.

Each day we have asked for comments, criticisms, or suggestions. Outstanding among the comments or criticisms are the following items:

1. The discussions and demonstrations should be limited to 30 minutes and the remaining time (15 or 20 minutes) should be used for questions and reemphasis among the participants.
2. All have been highly critical of those preceptors who did not have an outline. It seems that they prefer following an outline to making notes because it interferes with their thought process.

Your acceptance of the above comments or suggestions will be greatly appreciated.

Gratefully yours,

William E. Matory, M.D.
Director

WEM:tc
A program is enclosed.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF PUBLIC HEALTH
WASHINGTON, D.C. 20001

Preceptors

IN REPLY REFER TO

~~Misc~~

June 29, 1970

William E. Matory, M.D.
Director
Howard University College of
Medicine
520 W. Street, Northwest
Washington, D.C. 20001

Dear Dr. Matory:

In reply to your recent letter, I am attaching a proposed outline for the CME session on Medicaid to be held July 8, 1970.

I am looking forward to participation at that time.

Yours truly,

Peter B. Coppola

Peter B. Coppola, Chief
Bureau of Processing and Review

Attachment

RECEIVED JUL 1 1970

Preceptors

June 2, 1970

COPY

Harry C. Press, M.D.
2016 Cascade Road
Silver Spring, Maryland

Dear Dr. Press:

To date, three participants have registered for your noon course. Please let me know where they are to meet.

You will notice that this is a one-hour program each Wednesday beginning June 10, 1970. Please do what you can to give the participants as much basic knowledge of your field as is possible within this time.

Please let us know what room will be used for this purpose by calling 797-1671 or 797-1762 by Friday, June 5, 1970.

Sincerely yours,

William E. Matory, M.D.
Director

WEM:tc

Preceptors

COPY

June 2, 1970

Dear Dr.

To date, six participants have registered for your noon course. Please let me know where they are to meet.

You will notice that this is a one-hour program each Wednesday beginning June 10, 1970. Please do what you can to give the participants as much basic knowledge of your field as is possible within this time.

Please let us know what room will be used for this purpose by calling 797-1671 or 797-1762 by Friday, June 5, 1970.

Sincerely yours,

William E. Matory, M.D.
Director

WEM:tc

Dr. Fischman
Dr. Kenney

Preceptors

COPY

June 4, 1970

Dr. Oscar S. DePriest, III
Assistant Professor of Surgery
Division of Thoracic Surgery
Freedmen's Hospital

Dear Dr. DePriest:

Enclosed are copies of the scheduled training program in which you have agreed to participate.

Please be guided by the following request:

1. Maintain a discussion relative to office procedures and management.
2. Include patients as models for demonstrations as much as possible.
3. Begin your demonstration promptly and end promptly.

Also, enclosed is a check for your (consultation) participation. (Incidentally, this consultation fee is made possible by Roche Laboratories and Geigy Pharmaceuticals. In exchange we must publish a newsletter.) That is the reason for your abstract.

Gratefully yours,

William E. Matory, M.D.
Director

WEM:tc

Enclosures

If you know a practitioner likely to benefit from this program, please urge him to enroll.

HOWARD UNIVERSITY
WASHINGTON, D.C. 20001

Preceptors

COLLEGE OF MEDICINE
OFFICE OF
CONTINUING MEDICAL EDUCATION

June 18, 1970

Training Program for the Neighborhood
 Physician
College of Medicine
Howard University

Dear Dr.

We have now completed two weeks of the training program. The weekly attendance has been 39. The program is generally well received.

Each day we have asked for comments, criticisms, or suggestions. Outstanding among the comments or criticisms are the following items:

1. Discussions should deal more heavily with therapy. This should be detailed.
2. The discussions and demonstrations should be limited to 30 minutes and the remaining time (15 or 20 minutes) should be used for questions and reemphasis among the participants.
3. All have been highly critical of those preceptors who did not have an outline. It seems that they prefer following an outline to taking notes because it interferes with their thought process.

Your acceptance of the above comments or suggestions will be greatly appreciated.

Gratefully yours,

William E. Matory, M.D.
Director

WEM:tc

~~Misc~~ Preceptors

July 1, 1970

COPY

Mr. Frederick Evans
666-11th Street, N.W.
Washington, D.C.

Dear Mr. Evans:

Thank you for agreeing to lecture on Medico-legal Implications of Office Practice for our Training Program for the Neighborhood Physician on July 8, 1970. An announcement is enclosed. Please note the time: 11 a.m., and the place: Freedmen's Hospital Auditorium (Third Floor).

Your audience will be mainly physicians in private practice in the Washington, Maryland, and Virginia areas.

We would like very much to give each participant an outline of what is to be presented. A short outline of your presentation would be appreciated. Our attendance has been 40.

We look forward to seeing you on July 8.

Sincerely yours,

Mrs. Thelma B. Chapman
Secretary

WE

MEDICAL
SERVICE of D.C.

550 12th Street, S.W., Washington, D.C. 20024 202/484-4500

8/11/70

Preceptors

July 30, 1970

William E. Matory, M.D., F.A.C.S.
Director, Office of Continuing
Medical Education
Box 95
Howard University College of Medicine
520 W Street, Northwest
Washington, D. C. 20001

Dear Dr. Matory:

The representatives of the Blue Shield Plan here in Washington, D. C. have occasion to address a wide variety of professional and lay groups to disseminate information about our programs and to provide whatever general information we can regarding health care matters. One of my most rewarding "occasions" came about recently when I was invited to speak before a group of physicians who were attending your Training Program for Neighborhood Physicians.

Thank you again for the opportunity to take part in your Program.

Very truly yours,

Robert J. Condra

Robert J. Condra
Representative
Professional Relations

RECEIVED JUL 31 1970

HOWARD UNIVERSITY
WASHINGTON, D.C. 20001

COLLEGE OF MEDICINE
OFFICE OF
CONTINUING MEDICAL EDUCATION

August 11, 1970

Dear

Thank you for your participation in our Training Program for Neighborhood Physicians. Your lecture-demonstration was very enlightening and stimulated a number of questions from the participants.

Incidentally, we have not received the short manuscript that Dr. Matory requested in his letter of April 10. The manuscript will be used as part of our weekly news note to be sent out to the physicians during the next year. May we have your manuscript and a recent photograph for publication.

We look forward to your participation in the future.

Sincerely yours,

Thelma B Chapman

Mrs. Thelma B. Chapman
Administrative Assistant

HOWARD UNIVERSITY
WASHINGTON, D.C. 20001

COLLEGE OF MEDICINE
OFFICE OF
CONTINUING MEDICAL EDUCATION

August 11, 1970

Dear

Thank you for your participation in our Training Program for Neighborhood Physicians. Your lecture-demonstration was very enlightening and stimulated a number of questions from the participants.

Thank you, also, for organizing and submitting your material in a short manuscript. As Dr. Matory indicated in his letter of April 10, this will be used as part of our weekly news note to be sent out to physicians during the next year. We would also like to include your photograph in our news note. May we have a photograph within the next week.

We look forward to your participation in the future.

Sincerely yours,

Thelma B Chapman

Mrs. Thelma B. Chapman
Administrative Assistant

# HOSPITAL AFFILIATION STATUS OF PARTICIPANTS

## Appendix 6

## APPENDIX 6

## NEIGHBORHOOD PHYSICIAN TRAINING PROGRAM

### Hospital Affiliation Status

| Name | Year Graduated | Status | Type of Privilege | Frequency Used |
|---|---|---|---|---|
| Dr. Charles Adams | 1940 | Inactive | | |
| Dr. Anita Austin | 1960 | None | | |
| Dr. Theodus Conner | 1942 | Inactive | | |
| Dr. Edward Crockett | 1934 | Inactive | | |
| Dr. Mark DeLeon | 1926 | Inactive | | |
| Dr. William Dixon | 1964 | None | | |
| Dr. Richard Irving | 1935 | Active | Courtesy | Rarely |
| Dr. Reginald James | 1937 | Inactive | | |
| Dr. Richard John | 1961 | Inactive | | |
| Dr. Helen Kirby | 1954 | None | | |
| Dr. H. Carl Moultrie | 1966 | None | | |
| Dr. William Nash | 1934 | Inactive | | |
| Dr. Robert Nelson | 1940 | None | | |
| Dr. R. Stewart Randall | 1940 | Inactive | | |
| Dr. O'Donnald Sheppard | 1945 | Inactive | | |
| Dr. W. Leo Simpson | 1936 | Inactive | | |
| Dr. Joel C. Smith | 1946 | Inactive | | |
| Dr. Anna Standard | 1952 | Inactive | | |

Hospital Affiliation Status (cont'd)

| Name | Year Graduated | Status | Type of Privilege | Frequency Used |
|---|---|---|---|---|
| Dr. Thomas Stevens | 1925 | Inactive | | |
| Dr. Ethel Sutton | 1932 | Inactive | | |
| Dr. Annette Swaby | 1960 | None | | |
| Dr. John Syphax | 1965 | None | | |
| Dr. Daniel Veal | 1953 | None | | |
| Dr. Claude Walker | 1941 | Inactive | | |
| Dr. Frederick Washington | 1963 | Inactive | | |
| Dr. Oscar Whiting | 1943 | None | | |
| Dr. Jacqueline Williams | 1962 | None | | |

# SCHEDULE OF JUNE-JULY ACTIVITIES
# SUMMARY OF ATTENDANCE

## Appendix 7

# TRAINING PROGRAM FOR NEIGHBORHOOD PHYSICIANS
WASHINGTON, D.C.
June 10 to July 29, 1970

9 a.m. to 11:30 a.m.
Wednesdays

June 10, 1970

Presiding Practitioner, Charles F. Adams, M.D.

| | |
|---|---|
| a. Resuscitation | William E. Matory, M.D.<br>Asso. Prof. of Surgery |
| b. Chest Pain and Myocardial Ischemia | Sugkuk K. Chun, M.D.<br>Asst. Prof. of Medicine |
| c. Tumors of the G.I. Tract | Jack E. White, M.D.<br>Prof. of Surgery |
| d. Practice Economics (lunch talk) | Hugh Ferry, Accountant<br>Professional Bus. Management |

June 17, 1970

Presiding Practitioner, Roger G. Thurston, M.D.

| | |
|---|---|
| a. Cardiac Arrhythmia | John B. Johnson, M.D.<br>Prof. of Medicine |
| b. Congestive Heart Failure | Tazewell Banks, M.D.<br>Asst. Prof. of Medicine |
| c. Hypertension | Adrian Hosten, M.D.<br>Instructor in Medicine |
| d. Practice Economics (lunch talk) | Hugh Ferry, Accountant<br>Professional Bus. Management |

June 24, 1970

Presiding Practitioner, O'Donnald Sheppard, M.D.

| | |
|---|---|
| a. Thyroid Disease and Thyroid Function Test | James T. Williams, M.D.<br>Asst. Prof. of Medicine |
| b. Diabetes Mellitis | W. Lester Henry, M.D.<br>Prof. of Medicine |

## TRAINING PROGRAM--WASHINGTON (cont'd)

July 1, 1970

Presiding Practitioner, Frederick J. Washington, D.C.

| | |
|---|---|
| a. Chronic Pulmonary Diseases | K. Albert Harden, M.D.<br>Prof. of Medicine |
| b. Asthma | Roscoe C. Young, Jr., M.D.<br>Asst. Prof. of Medicine |
| c. Tuberculosis | Robert L. Hackney, M.D.<br>Asst. Prof. of Medicine |
| d. Carcinoma | Oscar DePriest, M.D.<br>Asst. Prof. of Surgery |
| e. X-ray of the Chest | T. Wilkins Davis, M.D.<br>Asso. Prof. of Medicine |

July 8, 1970

Presiding Practitioner, Reginald G. James, M.D.

| | |
|---|---|
| a. Psychosis in Ambulatory Patients | Arthur Henderson, M.D.<br>Asst. Prof of Neur. & Psy. |
| b. Office Management | |
| 1. Medicaid | Peter B. Coppola, Chief<br>Bureau of Processing & Review |
| 2. Group Hospital Health Ins. | Robert J. Condra, Rep.<br>Professional Relations |
| b. Business Management | Frederick Evans, Attorney |

July 15, 1970

Presiding Practitioner, Robert R. Nelson, M.D.

| | |
|---|---|
| a. Neurologic Lesions | Jesse B. Barber, M.D.<br>Asso. Prof. of Medicine |
| b. Surgical Infections | Burke Syphax, M.D.<br>Prof. of Surgery |
| c. Lower Tract Urologic Obstructions in the Male and Female | George W. Jones, M.D.<br>Asst. Prof. of Urology |

## TRAINING PROGRAM--WASHINGTON (cont'd)

July 22, 1970

Presiding Practitioner, R. Stewart Randall, M.D.

| | |
|---|---|
| a. Common Pediatric Problems | Umesh C. Mullick, M.D.<br>Instructor in Pediatrics |
| b. Prenatal Care | Jean A. Wong, M.D.<br>Asst. Instructor in Ob-Gyn. |
| c. Vaginal Bleeding | John F. Clark, M.D.<br>Prof. of Ob-Gyn. |

July 29, 1970

Presiding Practitioner, Daniel J. Veal, M.D.

| | |
|---|---|
| a. Tumors of the Head and Neck | LaSalle D. Leffall, M.D.<br>Asso. Prof. of Surgery |
| b. Tumors of the Breast | William W. Funderburk, M.D.<br>Asst. Prof. of Surgery |
| c. X-ray Diagnosis in Tumors | Javan Anderson, M.D.<br>Instructor in Radiology |

## NOON SPECIAL COURSES
12 to 1 p.m.

EKG Course

| | | |
|---|---|---|
| June 10 to 24 | July 8 to 22 | Eugene J. Fischmann, M.D.<br>Dir., Electrocardiography and Vectocardiography Ser. |
| 6 weeks (Continuous) | | |

Dermatology Course

| | | |
|---|---|---|
| June 10 to 24 | July 8 to 22 | John A. Kenney, M.D.<br>Prof. of Dermatology |
| 3 weeks | (Repeat) | |

X-Ray Interpretation

| | | |
|---|---|---|
| June 10 to 24 | July 8 to 22 | Harry C. Press, M.D.<br>Asso. Prof. of Radiology |
| 3 weeks | (Repeat) | Javan Anderson, M.D.<br>Instructor in Radiology |

## TRAINING PROGRAM--WASHINGTON (cont'd)

### CLINIC VISITS AS DESIRED

| Clinic | Preceptor |
|---|---|
| Sigmoidology Clinic | Jack E. White, M.D.<br>Prof. of Surgery |
| Eye Clinic | Claude Cowan, M.D.<br>Clinical Prof. of Ophthalmology |
| Diabetic Clinic | W. Lester Henry, M.D.<br>Prof. of Medicine<br>Diosdado Ulep, M.D.<br>Clinical Instructor in Medicine |
| Cardiac Clinic | John B. Johnson, M.D.<br>Prof. of Medicine<br>Henry W. Williams, M.D.<br>Medical Officer in Family Practice Program |
| G.I. Clinic | R. Kelly Brown, M.D.<br>Asso. Prof. of Medicine |
| Family Practice Clinic | Norcliffe E. Brown, M.D.<br>Med. Officer in Family Practice Program<br>Henry W. Williams, M.D.<br>Med. Officer in Family Practice Program |

### SPECIAL OFFICE CONSULTATIONS
(Upon Request)

R. Kelly Brown, M.D.
Asso. Prof. of Medicine

Riley Thomas, M.D.
Asso. Prof. of Medicine

Diosdado Ulep, M.D.
Medical Officer in
Family Practice Program

## TRAINING PROGRAM FOR NEIGHBORHOOD PHYSICIANS
## WASHINGTON, D.C.

Participants--Summary of Attendance

| Physician | Daily Sessions, 1969 | Daily Sessions, 1970 |
|---|---|---|
| Adams, Charles | 3 | 3 |
| Allen, James | Not Enrolled | 6 |
| Alston, George | Not Enrolled | All |
| Austin, Anita | 5 | 4 |
| Beale, Robert, Jr. | Not Enrolled | 1 |
| Berry, Theresa | Not Enrolled | 2 |
| Boyd, James | Not Enrolled | All |
| Brown, James | Not Enrolled | 4 |
| Chambliss, Harriett C. | Not Enrolled | 1 |
| Christensen, John | Not Enrolled | 1 |
| Coston, Wayman | Not Enrolled | 3 |
| Crockett, Edward | 9 | 7 |
| Davidson, Charles | Not Enrolled | 1 |
| DeLeon, Mark | 7 | 4 |
| Fentress, Alfred | Not Enrolled | 5 |
| Gupta, Krishan | Not Enrolled | All |
| Hoffman, Julius | Not Enrolled | 6 |
| Hudson, William | Not Enrolled | 5 |
| Irving, Richard | All | 1 |

## TRAINING PROGRAM FOR NEIGHBORHOOD PHYSICIANS (cont'd)
## WASHINGTON, D.C.

### Participants--Summary of Attendance

| Physician | Daily Sessions, 1969 | Daily Sessions, 1970 |
|---|---|---|
| James, Reginald | 4 | 7 |
| Johnson, Arthur | Not Enrolled | 7 |
| Kelley, Marlene | Not Enrolled | 7 |
| Madsen, Eugene | Not Enrolled | All |
| Nelson, Robert | 7 | All |
| Randall, R. Stewart | 7 | All |
| Proctor, Michael | Not Enrolled | 3 |
| Puryear, Regina | Not Enrolled | All |
| Reid, David | Not Enrolled | All |
| Rivera, Aurora | EOR--6 weeks | All |
| Selden, John, Jr. | Not Enrolled | 3 |
| Sheppard, O'Donnald | 5 | 4 |
| Standard, Anna | All | 7 |
| Stevens, Thomas | All | All |
| Sutton, Ethel | 7 | All |
| Swaby, Annette | 8 | 7 |
| Thurston, Roger | Not Enrolled | 4 |
| Townes, Charles | Not Enrolled | 1 |
| Veal, Daniel | 6 | 7 |
| Walker, Claude | 4 | All |

TRAINING PROGRAM FOR NEIGHBORHOOD PHYSICIANS (cont'd)
WASHINGTON, D.C.

Participants--Summary of Attendance

| Physician | Daily Sessions, 1969 | Daily Sessions, 1970 |
|---|---|---|
| Walker, James E. | Not Enrolled | All |
| Washington, Frederick | 6 | 6 |
| Whiting, Oscar | 5 | All |
| Wiltshire, Egbert | Not Enrolled | 4 |
| Wise, Henry | Not Enrolled | All |

| | |
|---|---|
| Total Daily Sessions, 1969 | 10 |
| Total Daily Sessions, 1970 | 8 |

The Summary of Attendance Record shows that 68% (17) of the twenty-five (25) 1969 participants returned for the 1970 program; 32% (8) did not return.

Thirty-nine per cent (39%) of the total enrollment for 1970 represent physicians who participated in the 1969 program; 61%, physicians participating for the first time.

# AMERICAN ACADEMY OF GENERAL PRACTICE CREDITS REQUESTED

## Appendix 8

AMERICAN ACADEMY OF GENERAL PRACTICE

**The American Academy of General Practice**

VOLKER BOULEVARD AT BROOKSIDE • KANSAS CITY, MISSOURI • 64112

*President*
EDWARD J. KOWALEWSKI, M.D., Akron, Pennsylvania
*Vice President*
LLOYD G. DAVIES, M.D., Fryeburg, Maine
*President-elect*
WILLIAM E. LOTTERHOS, M.D., Jackson, Mississippi
*Speaker*
JAMES G. PRICE, M.D., Brush, Colorado
*Vice Speaker*
STANLEY A. BOYD, M.D., Eugene, Oregon
*Chairman of the Board*
ROBERT O. QUELLO, M.D., Minneapolis, Minnesota
*Treasurer*
JULIUS MICHAELSON, M.D., Foley, Alabama

*Executive Director and General Counsel*
MAC F. CAHAL, J.D.

February 10, 1970

TO: Head of the Division of Postgraduate Education

Dear Doctor:

One of the basic tenets of the American Academy of General Practice is the need for general practitioners to acquire postgraduate education. As you know, we have a requirement that all our members, to maintain their standing in the Academy, obtain 150 hours of postgraduate education in each three-year period. This means that our physicians are vitally interested in methods and techniques of postgraduate education which have been found effective and useful.

The Committee on Scientific Program is investigating particularly successful postgraduate educational programs, especially those involving gimmicks or gadgets which have proven useful. The Committee is exploring the possibility of developing a display or special scientific exhibit on such programs and unique ideas for the Annual Assembly, September 28 - October 1, in San Francisco. There is no Academy budget available for such a project, but perhaps you may wish to develop a small scientific exhibit, such as a poster or a panel which would describe your program.

In case you might wish to submit a regular scientific exhibit, an application blank is enclosed. This letter is simply to inquire if there is enough interest in "miniature" exhibits to make such a project feasible. We shall look forward to your response.

Sincerely yours,

Sidney J. Kohle, M.D.

Sidney J. Kohle, M. D., Chairman b.
Scientific Exhibit Subcommittee

SJK-GKJ:bp
Enc.

*Directors:* NORMAN F. COULTER, M.D., Orlando, Florida; ROBERT O. QUELLO, M.D., Minneapolis, Minnesota; J. JEROME WILDGEN, M.D., Kalispell, Montana; A. ALAN FISCHER, M.D., Indianapolis, Indiana; JAMES L. GROBE, M.D., Phoenix, Arizona; ROBERT E. VERDON, M.D., Cliffside Park, New Jersey; LOUIS BUSH, M.D., Baldwin, New York; ROGER A. PEATEE, M.D., Bowling Green, Ohio; HARLAN THOMAS, M.D., Tulsa, Oklahoma; MAYNARD I. SHAPIRO, M.D. (ex officio), Chicago, Illinois

FORM
#102

# APPROVAL OF A COURSE OR PROGRAM

**American Academy of General Practice** Date December 18, 1969

(ALL FOUR copies to be submitted by the state chapter to the regional representative of the Commission on Education. Distribution by regional representative.)

See Definition of Continuation Study Requirements—Reprint #101

**NOTE:** No announcement of approval and hours of credit may be made without written authorization from the Commission on Education and the announcement should clearly state the maximum number of hours. Publication of the program in GP will not be made unless a copy of this form is received at the headquarters office at least one month in advance of publication date. Printed and verbal publicity for a program granted approval by the Academy must be presented in this exact form and no other: "Program is acceptable for ________ (Prescribed - Elective) hours by the American Academy of General Practice."

TO: Chairman, Education Committee, District of Columbia (state) Academy of General Practice,
I submit the following course for approval:

Title Symposiums on: Narcotics; Sex and the Adolescent; Caring for the Aging Patient; Venereal Disease, 1970;

Date of Course 1/21/70; 3/18/70; 4/15/70; 5/20/70 Time 9-11 a.m. Total Hours Requested 2 each symposium

Location of Program:

Place (hall) Medical School City Washington, State D.C.

Responsible School or Organization Howard University, College of Medicine, Office of Continuing Medical Education

Program Director William E. Matory, M.D. Address Howard University, College of Medicine, Washington, D.C.

Subject Matter (if possible attach preliminary program) ________

---

As Education Chairman of the state in which this program is to be held, I certify that this program (does) ______ (~~does not~~) ______ meet the AAGP regulations for 2 (number) (Prescribed) (~~Elective~~) hours. strike out one

Name E. J. Richards, M.D.

Address ________

Date 12/18/69

---

Approved ________ Approved with Following Changes ________

Rejected ________ Date 12/24/69

Signed: William L. Stewart, M.D.
(Regional Advisor, Commission on Education)

2ND COPY (Copy for Program Director)

#102

## APPROVAL OF A COURSE OR PROGRAM

**American Academy of General Practice**

Date January 30, 1970

(ALL FOUR copies to be submitted by the state chapter to the regional representative of the Commission on Education. Distribution by regional representative.)

See Definition of Continuation Study Requirements—Reprint #101

> **NOTE:** No announcement of approval and hours of credit may be made without written authorization from the Commission on Education and the announcement should clearly state the maximum number of hours. Publication of the program in GP will not be made unless a copy of this form is received at the headquarters office at least one month in advance of publication date. Printed and verbal publicity for a program granted approval by the Academy must be presented in this exact form and no other: "Program is acceptable for ________ (Prescribed - Elective) hours by the American Academy of General Practice."

TO: Chairman, Education Committee, Maryland (state) Academy of General Practice,
I submit the following course for approval:

Title A Symposium on Low Back Pain, Diagnosis and Management

Date of Course Feb. 25, 1970 Time 9 AM Total Hours Requested 5 1/2

Location of Program:

Place (hall) Sheraton-Park Hotel City Washington, D.C. State

Responsible School or Organization Howard University College of Medicine

Program Director William E. Matory, M.D. Address Howard University
520 W Street, Washington, 20001

Subject Matter (if possible attach preliminary program)

See enclosed program

---

As Education Chairman of the state in which this program is to be held, I certify that this program (does) ________ ~~(does not)~~ ________ meet the AAGP regulations for 5 1/2 (number) (Prescribed) ~~(Elective)~~ hours. (strike out one)

Name John T. Chissell, M.D.

Address

Date 1/31/70

---

Approved ________ Approved with Following Changes ________

Rejected ________ Date 2/4/70

Signed: William L. Stewart, M.D.
(Regional Advisor, Commission on Education)

2ND COPY (Copy for Program Director)

7-48 10M—J. P. Henback Co.

(AAGP)
Corres

COPY

April 13, 1970

Dr. Edward J. Richards
9801 Georgia Avenue
Silver Spring, Maryland

Dear Dr. ~~Edwards~~ Richards

Please grant American Academy of General Practice credit for the enclosed schedule of demonstrations. These will be similar to the program of June - July, 1969.

Also enclosed is an application for approval of credit for our Former Internes and Medical Alumni Program in June, 1970.

Sincerely yours,

William E. Matory, M.D.
Director

WEM:tc

Enclosures

AAGP

**APPROVAL OF A COURSE OR PROGRAM**

**American Academy of General Practice** X

Date April 13, 1970

(ALL FOUR copies to be submitted by the state chapter to the regional representative of the Commission on Education. Distribution by regional representative.)

See Definition of Continuation Study Requirements—Reprint #101

> **NOTE:** No announcement of approval and hours of credit may be made without written authorization from the Commission on Education and the announcement should clearly state the maximum number of hours. Publication of the program in GP will not be made unless a copy of this form is received at the headquarters office at least one month in advance of publication date. Printed and verbal publicity for a program granted approval by the Academy must be presented in this exact form and no other: "Program is acceptable for ________ (Prescribed - Elective) hours by the American Academy of General Practice."

TO: Chairman, Education Committee, Washington, D.C. (state) Academy of General Practice,
I submit the following course for approval:

Title Continuing Medical Education for the Neighborhood Physician

Date of Course 6/10 - 7/29, 1970 Time 9-11:30 a.m. 12-1 & clinics Total Hours Requested ________

Location of Program: Howard University, College of Medicine, Clinics and physicians' offices

Place (hall) Cardiovascular Aud. City Washington, State D.C.

Responsible School or Organization Howard University College of Medicine with grant from HEW for cost of program.

Program Director William E. Matory, M.D. Address Howard University, College of Medicine

Subject Matter (if possible attach preliminary program) See outline of program. The demonstrations will be given each Wed. morning for eight Wednesdays. The special courses (EKG, X-ray and Dermatology) will be given for one hr. on Wed. for six weeks. The clinic visits and office consultations will be done on any day requested. Suggested credit:

Each 2 hrs. Demonstration & Instruction --------- 2 hrs. prescribed credit
Each 1 hr. noon special course------------------- 1 hr. prescribed credit
Each 2 hrs. clinic------------------------------- 2 hrs. elective credit
~~Each 2 hrs. office supervision & instruction-------- 2 hrs. elective credit~~

As Education Chairman of the state in which this program is to be held, I certify that this program (does) ________ ~~(does not)~~ ____ meet the AAGP regulations for 7 (number) (Prescribed) ~~(Elective)~~ strike out one hours.

Name E.J. Richards, M.D.

Address ________

Date 4/16/70

---

Approved ________ Approved with Following Changes ________

Rejected ________ Date ________

Signed: William L. Stewart, M.D.
(Regional Advisor, Commission on Education)

2ND COPY (Copy for Program Director)

7-69 1014 L. P. Hanback Co.

AAGP

November 3, 1970

COPY

Dr. Edward J. Richards, Representative
American Academy of General Practice
9801 Georgia Avenue
Silver Spring, Maryland

Dear Dr. Richards:

Enclosed is a list of planned seminars for which I am requesting American Academy of General Practice certification for credit. These are a part of the Program in Continuing Medical Education here at Howard University.

Please note that not only will the University professors participate under our jurisdiction, but we will have the participation of a representative from a paramedical agency.

If you desire, I will present a separate program within 30 days of each of these. On the other hand, if it is permissible to do so, please give us credit for the entire list.

Your promptness in processing this application will be greatly appreciated. May we hear from you soon.

Sincerely yours,

William E. Matory, M.D.
Director

WEM:tc

Enclosure

Please send us additional Form #102's

FORM
#102

## APPROVAL OF A COURSE OR PROGRAM

**American Academy of General Practice**

Date November 3, 1970

(ALL FOUR copies to be submitted by the state chapter to the regional representative of the Commission on Education. Distribution by regional representative.)

See Definition of Continuation Study Requirements—Reprint #101

RECEIVED DEC 4 19

**NOTE:** No announcement of approval and hours of credit may be made without written authorization from the Commission on Education and the announcement should clearly state the maximum number of hours. Publication of the program in GP will not be made unless a copy of this form is received at the headquarters office at least one month in advance of publication date. Printed and verbal publicity for a program granted approval by the Academy must be presented in this exact form and no other: "Program is acceptable for ______ (Prescribed - Elective) hours by the American Academy of General Practice."

TO: Chairman, Education Committee, District of Columbia (state) Academy of General Practice,
I submit the following course for approval:

Title Symposiums on: Infectious Diseases; Renal Disease; Drug Abuse; Liver Disease Recognition; Cardiac Arrhythmia; Vascular Insufficiency; Sex Deviation

Date of Course see below Time 9:30 - 11:30 AM Total Hours Requested 2 each symposium

Location of Program:

Place (hall) Medical School City Washington State D.C.

Responsible School or Organization Howard University, College of Medicine Office of Continuing Medical Education

Program Director William E. Matory, M.D. Address Howard University College of Med: Washington, D.C.

Subject Matter (if possible attach preliminary program)

As Education Chairman of the state in which this program is to be held, I certify that this program (does) ______ ~~(does not)~~ ______ meet the AAGP regulations for 14 (number) (Prescribed) ~~(Elective)~~ (strike out one) hours.

Name E. I. Richards, M.D.

Address

Date 11/18/70

Approved ______ Approved with Following Changes

Rejected ______ Date 11/19/70

Signed: William L. Stewart, M.D.
(Regional Advisor, Commission on Education)

2ND COPY (Copy for Program Director)

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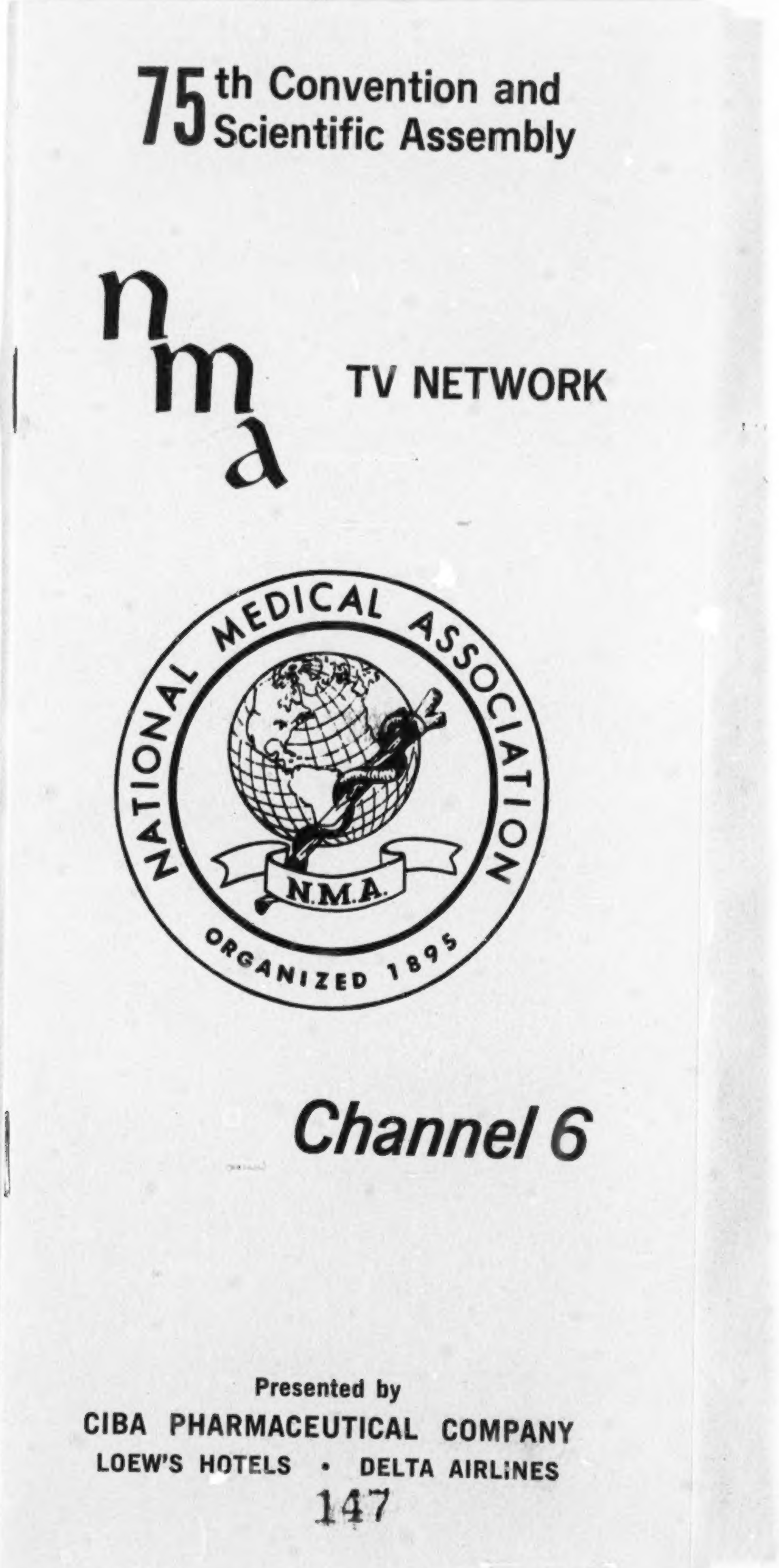

# 75th Convention and Scientific Assembly

nma TV NETWORK

NATIONAL MEDICAL ASSOCIATION
N.M.A.
ORGANIZED 1895

Channel 6

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Appendix 9

## NMA-TV NETWORK • Channel 6
## Atlanta /August 2-5, 1970

**Telecasting to**

**REGENCY HYATT HOUSE**

**SHERATON-BILTMORE**

**WHITE HOUSE MOTOR INN**

Because of increased signal strength available on closed-circuit television, it may be necessary to adjust the fine-tuning control on your hotel room TV set. If you continue to experience difficulty in tuning or reception on Channel 6, please call 688-7615 or 688-7616.

## NATIONAL MEDICAL ASSOCIATION

### Television Section

*National Chairman*
WILLIAM E. MATORY, M.D.

*Program Coordinator*
JACQUELINE A. BEAL

The program of the NMA Television Network has been developed through the cooperation of the Howard University Office of Continuing Education. The activities of the Office are supported in part by a grant from the Bureau of Health Professions, Education, and Manpower of the U.S. Department of Health, Education, and Welfare.

## SUNDAY, AUGUST 2

5:30 p.m. **CONVENTION PREVIEW and PRESIDENT'S REPORT**
Julius W. Hill, M.D., President, NMA
William E. Matory, M.D., Chairman, Television Section, NMA
Louis C. Brown, M.D., Atlanta
Mrs. Carl R. Jordan, Savannah
Lee R. Shelton, M.D., Atlanta

6:00 p.m. **BOARD OF TRUSTEES: A PREVIEW**
Emerson C. Walden, M.D. Chairman, NMA Board of Trustees
William Borders, M.D., Atlanta

6:15 p.m. **NMA FOUNDATION**
M. Alfred Haynes, M.D., Executive Director, NMA Foundation
Jean Harris, M.D., Deputy Director NMA Foundation
Lionel F. Swan, M.D., Detroit

6:30 p.m. **FIRST 75 YEARS OF THE NATIONAL MEDICAL ASSOCIATION**
W. Montague Cobb, M.D., Editor, Journal of the *National Medical Association*

7:00 p.m. **CONGRESSIONAL REPORT**
U.S. Representative John Conyers, Michigan

7:30 p.m. **ASSISTING THE FAMILY PHYSICIAN: PARA-MEDICAL PERSONNEL AND AGENCIES**
Reginald G. James, M.D., Washington, D.C.
Richard Wilson, M.D., District of Columbia Home Care Program
Norma Wood, Freedmen's Hospital
Mrs. Ardis Silverman, D.C. Department of Rehabilitation
Mrs. B. Thaxton, R.N., D.C. Department of Public Health

8:00 p.m. **SICKLE-CELL ANEMIA: SUSPICION AND DIAGNOSIS IN INFANTS AND CHILDREN**
Roland B. Scott, M.D., Professor and Chmn., Dept. of Pediatrics
V. Bushan Bhardwaj, Assistant Professor of Pediatrics
both of Howard University
(Network for Continuing Medical Education)

8:20 p.m. **AMONG THOSE PRESENT**
LeRoy R. Swift, M.D.
Clifford R. Allen
both of the Bureau of Health Professions, Education and Manpower, U.S. Dept. of H.E.W.

8:30 p.m. **HOWARD UNIVERSITY MISSISSIPPI PROJECT**
W. Lester Henry, M.D.
Katus R. Blakey, D.D.S.
Joffie Pittman, D.D.S.
Randall W. Maxey, Student
George P. Tolbert, M.D., Intern
all of Howard University College of Medicine

9:00 p.m. **CLINICAL ASPECTS OF GROWTH AND MENTAL RETARDATION**
Richard Blumberg, M.D., Atlanta
E. Perry Crump, M.D., Nashville
Sobura Hara, M.D., Nashville
George Ackaouy, M.D., Nashville

9:30 p.m. **CBS REPORTS**
The first of two controversial documentaries on health care in the United States (CBS News).

10:30 p.m. **MONDAY HIGHLIGHTS**

**POOR RECEPTION?** If you are having difficulty receiving NMA-TV programs in your hotel room, please call 688-7615 or 688-7616.

## MONDAY, AUGUST 3

7:00 a.m. **DIAGNOSIS AND MANAGEMENT OF LOWER-TRACT UROLOGIC OBSTRUCTIONS IN THE MALE AND FEMALE**
George W. Jones, M.D.
Chief, Division of Urology, Howard University

7:30 a.m. **CLINICAL ASPECTS OF GROWTH AND MENTAL RETARDATION**
Richard Blumberg, M.D., Atlanta
E. Perry Crump, M.D., Nashville
Sobura Hara, M.D., Nashville
George Ackaouy, M.D., Nashville

8:00 a.m. **RECENT SURGERY AT MEHARRY**
David B. Todd, M.D., Associate Professor of Surgery and Head of Division of Thoracic and Cardiovascular Surgery, Meharry Medical College, and other members of the Meharry surgical staff including Louis Bernard, M.D., Charles Brown, M.D., Edward Browne, M.D., Wallace Dooley, M.D., and Matthew Walker, M.D.

8:30 a.m. **WELCOME TO ATLANTA**
Julius W. Hill, M.D., President, NMA
William E. Matory, M.D., Chairman, Television Section, NMA

At conclusion **MONDAY HIGHLIGHTS**

---

5:30 p.m. **TODAY AT THE NMA**
Highlights of the day's activities.

5:45 p.m. **EXHIBIT HALL**
Chester C. Pryor II, M.D., Cincinnati

6:00 p.m. **ABORTIONS AND THE NMA**
William L. Smiley, M.D., St. Louis
John F. Clark, M.D., Washington, D.C.
W. F. Bernell James, M.D., Nashville
John Thompson, M.D., Atlanta
Jasper Williams, M.D., Chicago

6:30 p.m. **ESTATE PLANNING FOR PHYSICIANS**
John L. Gates, C.L.U., New York

7:00 p.m. **NATIONAL HEALTH INSURANCE**
Andrew L. Thomas, M.D., Chicago
Edward Cross, M.D., Washington, D.C.

7:30 p.m. **THE BLACK MAN'S IMAGE OF HIMSELF**
Alyce Gullattee, M.D., Washington, D.C.
Charles Pinderhughes, M.D., Boston
William P. Sapp, M.D., Atlanta

8:00 p.m. **SICKLE-CELL ANEMIA: MANAGEMENT**
Roland B. Scott, M.D., Professor and Chmn., Dept. of Pediatrics, Howard University
(Network for Continuing Medical Education)

8:15 p.m. **FORTY YEARS OF TEACHING AND RESEARCH**
M. Wharton Young, M.D., Professor of Neuroanatomy, Howard Univ.

9:00 p.m. **CITIES AND HEALTH**
Erman W. Edgecombe, M.D.
Henry S. Robinson, M.D.
Phillip Rutledge
Raymond L. Standard, M.D.
William J. Washington, M.D.
all of Washington, D.C.

9:30 p.m. **CBS REPORTS**
Second of two controversial documentaries on health care in the United States (CBS News).

10:30 p.m. **TUESDAY HIGHLIGHTS**

**DOES YOUR TV SET NEED ADJUSTMENT?** A telephone call to 688-7615 or 688-7616 could help improve your reception of NMA-TV programs.

## TUESDAY, AUGUST 4

7:00 a.m. **DIAGNOSIS AND MANAGEMENT OF TUMORS OF THE BREAST**
William W. Funderburk, M.D., Assistant Professor of Surgery, Howard University

7:30 a.m. **CARDIOVASCULAR SURGERY AT HOWARD UNIVERSITY**
Robert L. Simmons, M.D., Associate Professor of Surgery, Howard University

8:00 a.m. **DIAGNOSIS AND MANAGEMENT OF ASTHMA**
Roscoe C. Young, M.D., Assistant Professor of Medicine, Howard University

8:30 a.m. **THE NMA WOMEN'S AUXILIARY**
Mrs. Carl R. Jordan, Savannah
Mrs. Deborah L. Matory, Washington, D.C.

8:45 a.m. **TUESDAY HIGHLIGHTS**

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5:30 p.m. **TODAY AT THE NMA**
Highlights of the day's activities.

5:45 p.m. **HOUSE OF DELEGATES REPORT**
Charles C. Bookert, M.D., Speaker of the House
H. P. Venable, M.D., St. Louis

6:00 p.m. **IS THE NMA RELEVANT TO TODAY'S PROBLEMS IN MEDICINE?**
Julius W. Hill, M.D., President, NMA
Ross M. Miller, M.D., Compton, Calif.
Jeanne Spurlock, M.D., Nashville
Frances C. Welsing, M.D., Washington, D.C.
Representatives of S.N.M.A.

**Join in this live discussion by telephoning your questions and comments directly to the studio: 688-7615 & 688-7616.**

7:00 p.m. **H.E.W. AND THE BLACK PHYSICIAN**
Dr. Frank W. McKee
Dr. Marilyn K. Hutchison
Clifford Allen
all of Bureau of Health Professions, Education, and Manpower, U.S. Dept. of H.E.W.
William E. Matory, M.D.

7:30 p.m. **HUNGER — THE AMERICAN TRAGEDY: WHY DOES IT PERSIST?**
Harold E. Bauman, M.D., Minnetonka, Minn.
James P. Carter, M.D., Nashville
Jean Fairfax, New York
Edward Hekman, Washington, D.C.
Kenneth Schlossberg, Washington, D.C.

8:00 p.m. **SOUL-SEARCHING SESSION: IS THAT BLACK ENOUGH FOR YOU?**
Mrs. Jeanine Clark, Washington, D.C.
John L. S. Holloman, M.D., New York
Virginia M. Love, M.D., Pompton Lakes, N.J.

An audience of teenagers will question the panel.

9:00 p.m. **A MATTER OF OPPORTUNITY**
A film distributed by the National Medical Association and the American Medical Association to interest high school students in medical careers.

9:30 p.m. **STUDENT NMA**
Part 1 of a discussion by members of the Student National Medical Association.

10:00 p.m. **CURRENT TRENDS IN DRUG ADDICTION THERAPY IN THE INNER CITY**
Major Danyel, Black Man's Development Center, Washington, D.C.

10:30 p.m. **WEDNESDAY HIGHLIGHTS**

## WEDNESDAY, AUGUST 5

7:00 a.m. **DIAGNOSIS AND MANAGEMENT OF COMMON DERMATOLOGY PROBLEMS**
A. Melvin Alexander, M.D.
James W. Hobbs, M.D.
J. Fletcher Robinson, M.D.
all residents in Dermatology, Howard University

7:30 a.m. **PSYCHIATRY IN THE GHETTO**
Harold M. Chandler, M.D., Atlanta
Kermit T. Mehlinger, M.D., Chicago
Jaime Smith e Incas, M.D., Columbus, Ohio

8:00 a.m. **ADDRESS TO NMA**
Clifton R. Wharton, Jr., President, Michigan State University

8:30 a.m. **STUDENT RECRUITMENT**
Students from Howard University College of Medicine and Meharry Medical College.

8:45 a.m. **WEDNESDAY HIGHLIGHTS**

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5:30 p.m. **TODAY AT THE NMA**
Highlights of the day's activities.

5:45 p.m. **GREETINGS FROM THE PRESIDENT-ELECT**
W. T. Armstrong, M.D., Rocky Mount, N.C.

6:00 p.m. **PSYCHIATRY IN THE GHETTO**
Harold M. Chandler, M.D., Atlanta
Kermit T. Mehlinger, M.D., Chicago
Jaime Smith e Incas, M.D., Columbus, Ohio

6:30 p.m. **NEIGHBORHOOD HEALTH CENTERS**
Jean Harris, M.D., Washington, D.C.
Edward Smith, M.D., Washington, D.C.

7:00 p.m. **CONGRESSIONAL REPORT**
U.S. Senator Edward W. Brooke,
Massachusetts

7:30 p.m. **FIRST 75 YEARS OF THE NATIONAL MEDICAL ASSOCIATION**
W. Montague Cobb, M.D., Editor,
Journal of the *National Medical Association*

8:00 p.m. **HOWARD UNIVERSITY MISSISSIPPI PROJECT**
W. Lester Henry, M.D.
Katus Blakey, D.D.S.
Joffie Pittman, D.D.S.
Randall W. Maxey, Student
George P. Tolbert, M.D., Intern
all of Howard University College of Medicine

8:30 p.m. **IS THE NMA RELEVANT TO TODAY'S PROBLEMS IN MEDICINE?**
Julius W. Hill, M.D., President, NMA
Ross M. Miller, M.D., Compton, Calif.
Jeanne Spurlock, M.D., Nashville
Frances C. Welsing, M.D.,
Washington, D.C.
Representatives of S.N.M.A.
(Tuesday's 6 p.m. telecast repeated)

9:30 p.m. **STUDENT NMA**
Part 2 of a discussion by members of the Student National Medical Association.

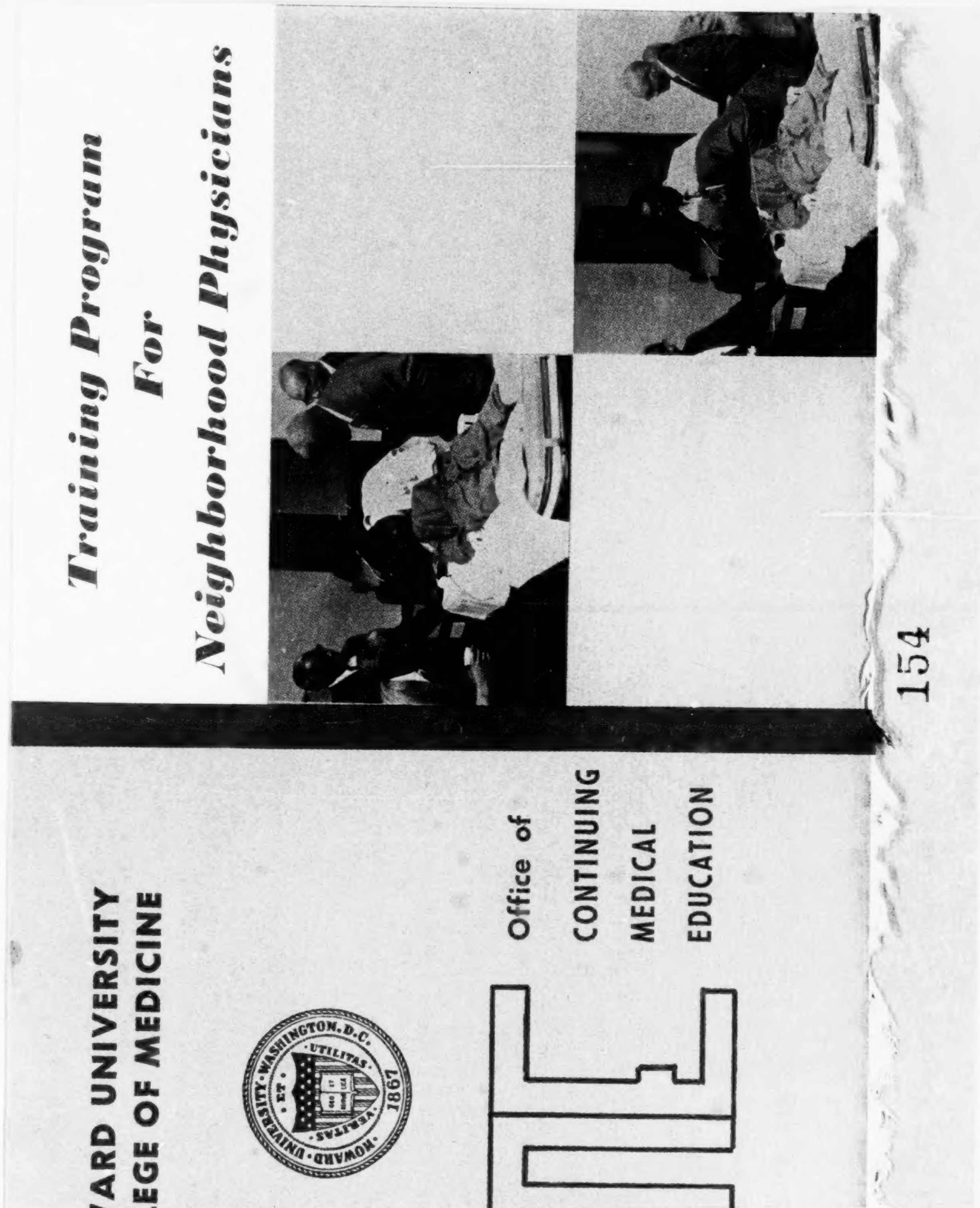
10:00 p.m. **PRESIDENT'S REPORT**
Julius W. Hill, M.D., President, NMA
(Sunday's 5:45 p.m. telecast repeated)

10:15 p.m. **GREETINGS FROM THE PRESIDENT-ELECT**
W. T. Armstrong, M.D., Rocky Mount, N.C.

10:30 p.m. **THURSDAY HIGHLIGHTS and SIGN OFF**

**RECEPTION PROBLEMS?** Please call 688-7615 or 688-7616 if you are having difficulty tuning in the NMA-TV Network.

**IS THE NMA RELEVANT?** Tuesday, 6 to 7 p.m. Telephone your comments and questions during this stimulating live program. Call 688-7615 or 688-7616.



**HOWARD UNIVERSITY
COLLEGE OF MEDICINE**

153

Office of
CONTINUING
MEDICAL
EDUCATION

CME

# *Training Program For Neighborhood Physicians*

## GENERAL INFORMATION

The Continuing Medical Education Program of Howard University has developed a program designed to assist the family physician in his quest for knowledge. It is preparing a family medicine unit dedicated to training, service, and research in health care delivery for families and ambulatory patients.

The family or neighborhood physician is recognized for his skills in ambulatory care. The program reinforces these skills through demonstration, clinic visits, and office consultation. The training program stresses office management, the use of paramedical personnel and agencies, and family social behavioral management.

A concentrated portion of the program is held in June and July each year. Throughout the remaining months, the family and ambulatory medicine program continues as a university base for the practicing physicians.

A formal residency program in family medicine has been established. The three-year program includes one year rotating internship and two years residency. It has been endorsed by the American Academy of General Practice and approved by the American Medical Association, Department of Graduate Medical Education.

The Continuing Medical Education Program is supported in part by a grant from the Bureau of Health Professions, Education, and Manpower Training, Department of Health, Education and Welfare.

## STAFF

Marilyn K. Hutchison, M. D.,
Assistant Director
Division of Physician Manpower
Department of Health, Education and Welfare

William E. Matory, M.D., F.A.C.S.,
Director
Continuing Medical Education and Family Medicine, Howard University

Norman E. Cronquist
Program Management Officer

Thelma B. Chapman
Administrative Assistant

(202) 797–2138

## KEY PROGRAM ANNOUNCEMENTS

Intensive Review Course for the Board Examination in Family Medicine
January 25–30, 1971

Concentrated Training Program for the Neighborhood and Family Physicians
June and July

Weekly Family Medicine Conference

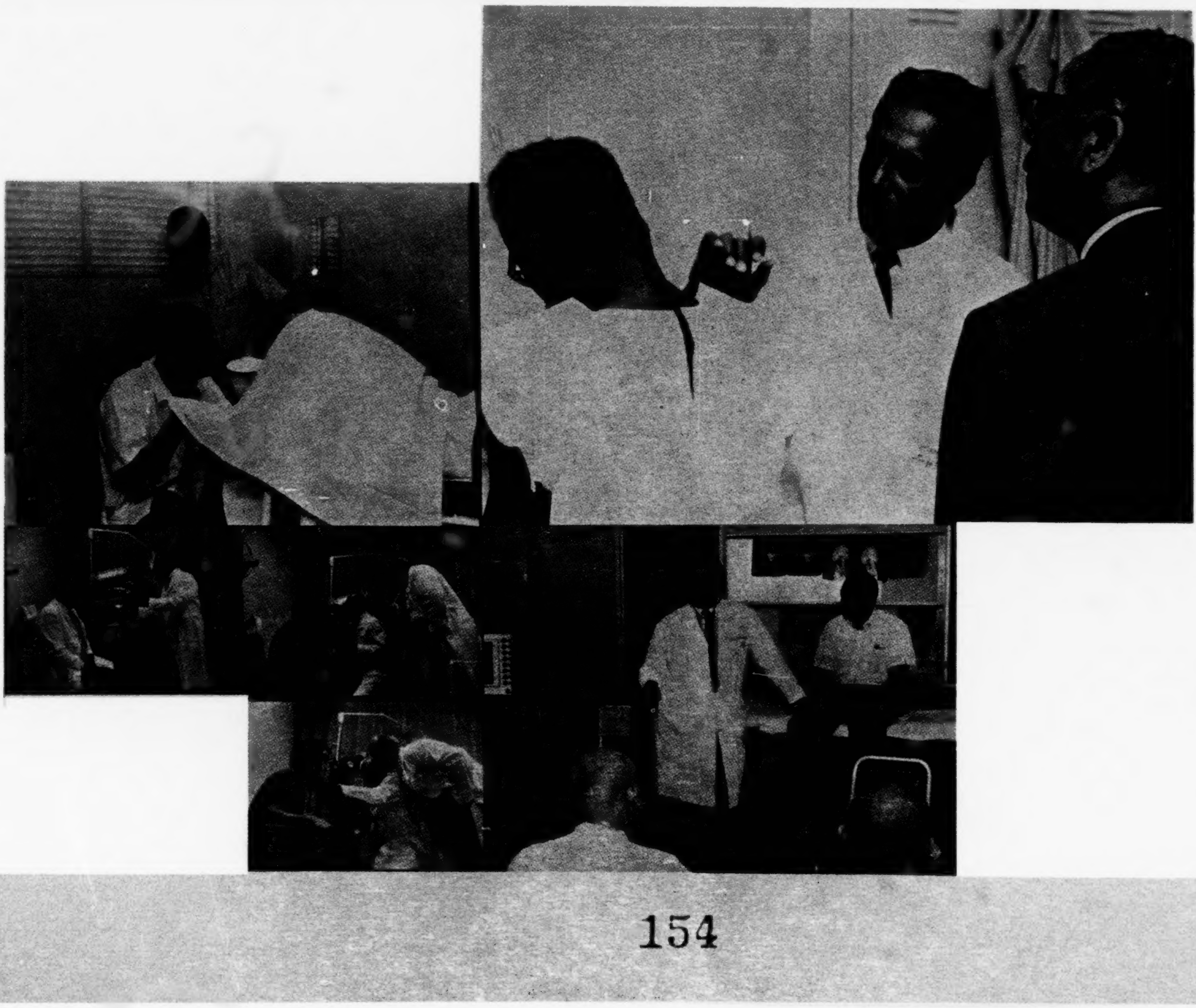
Monthly third Wednesday Family Medicine Sessions

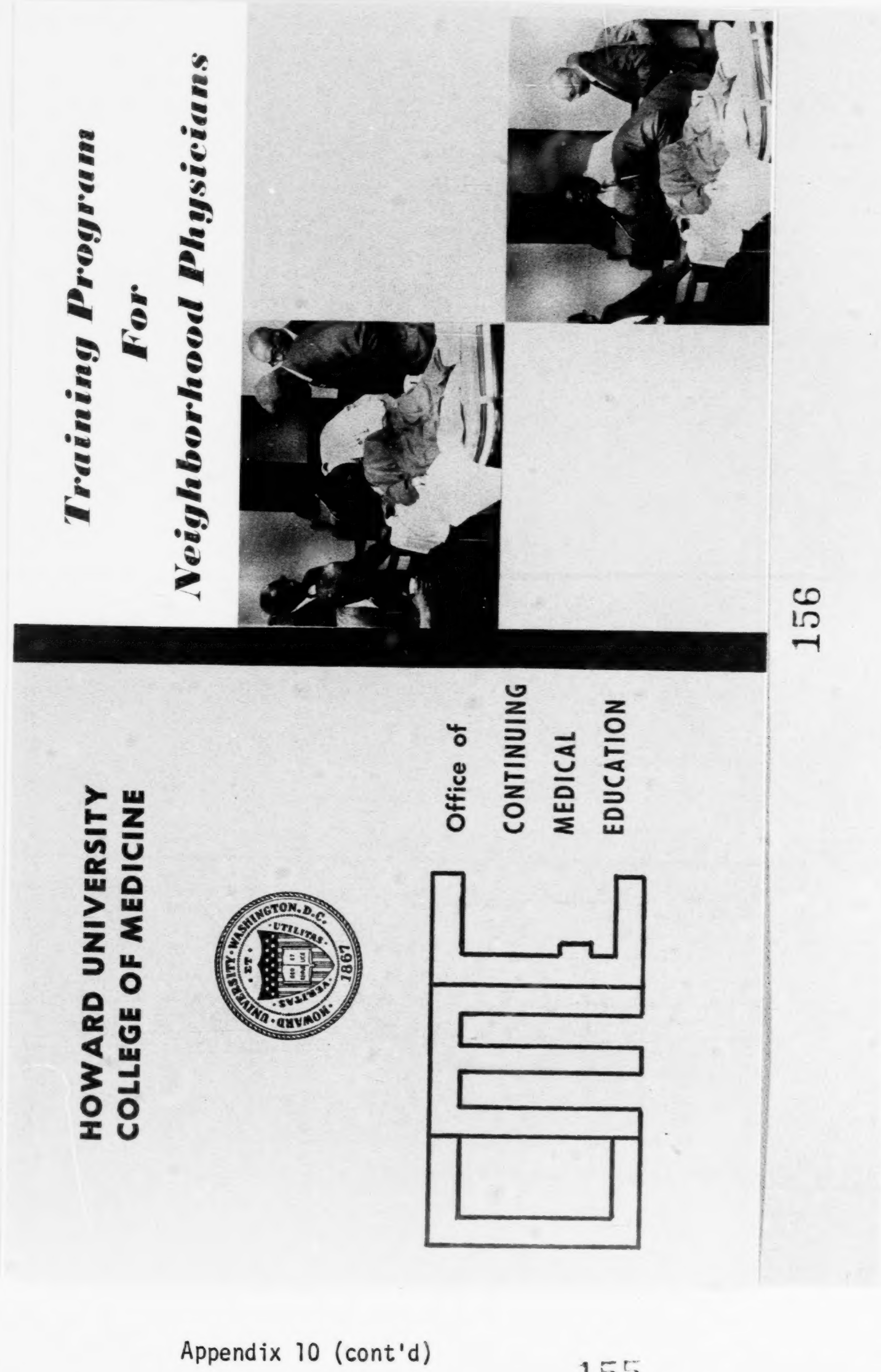
Satellite Neighborhood Physicians' Training Programs:

| | |
|---|---|
| Baltimore | November and December |
| Norfolk | Late Fall |

Programs Upon Request:

Lectureship at State Societies
Practicing Fellowship
Interval Ward and Clinical Rotation





**HOWARD UNIVERSITY**
**COLLEGE OF MEDICINE**

CME

Office of
CONTINUING
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EDUCATION

*Training Program*
*For*
*Neighborhood Physicians*

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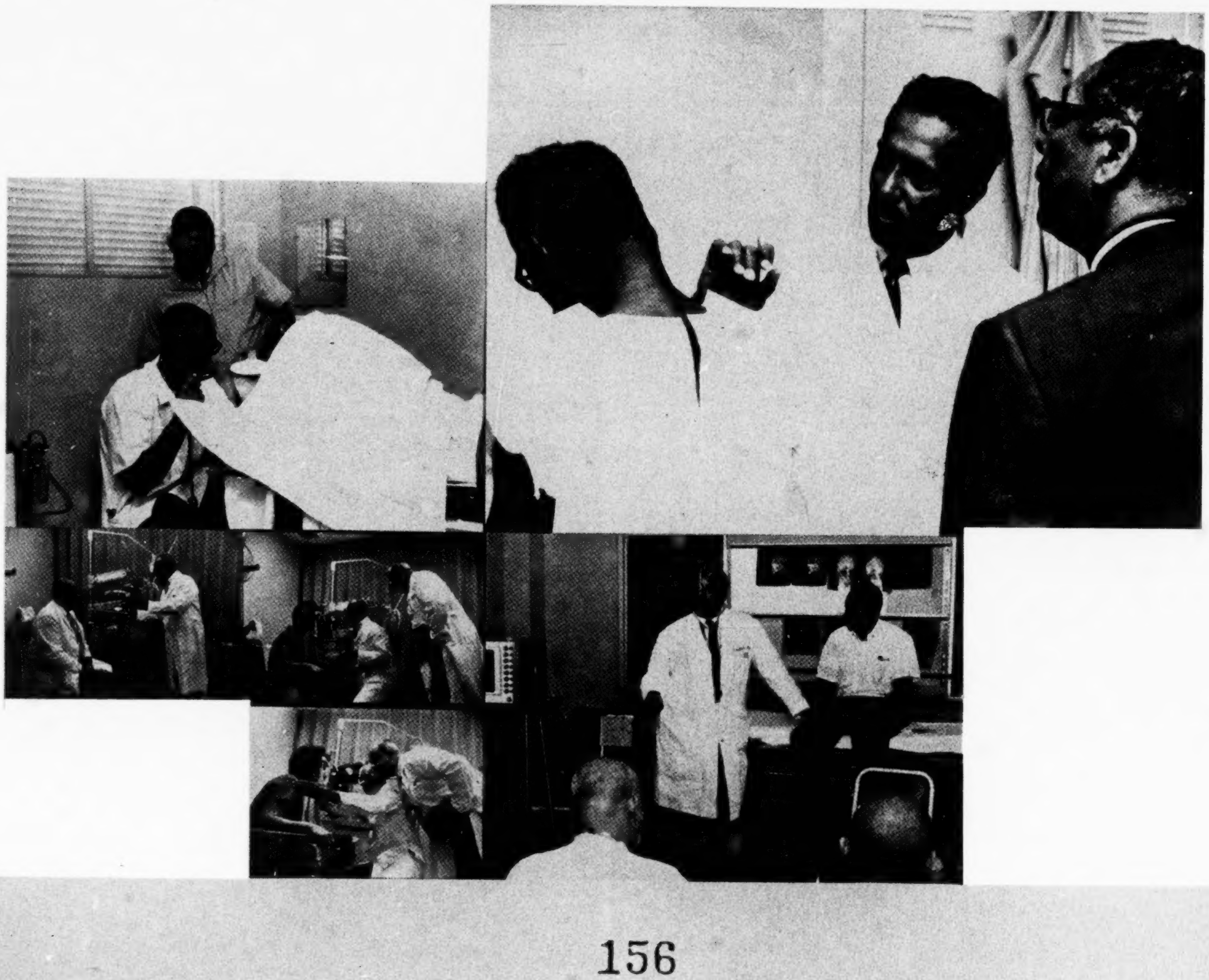
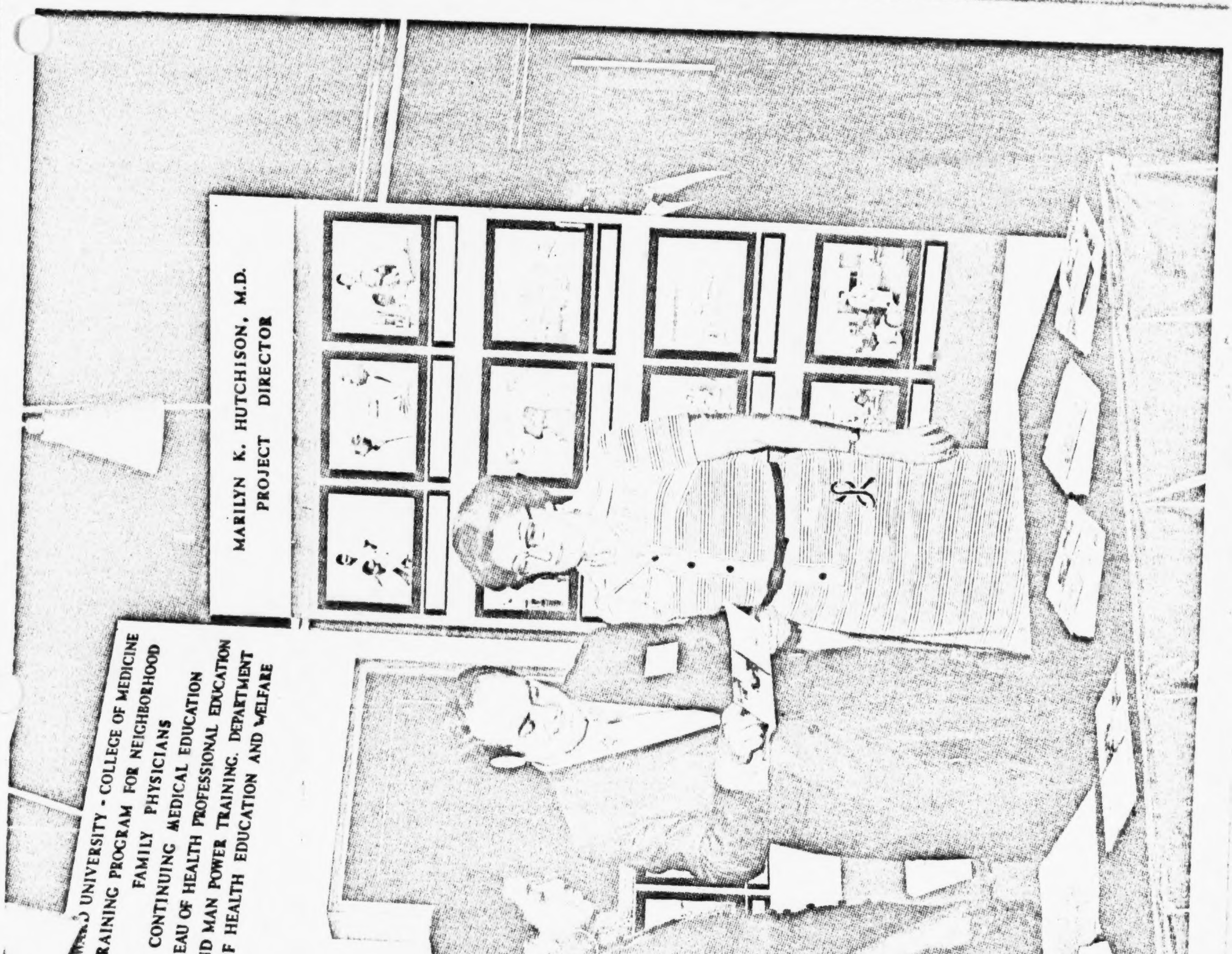



HOWARD UNIVERSITY - COLLEGE OF MEDICINE
TRAINING PROGRAM FOR NEIGHBORHOOD
FAMILY PHYSICIANS
CONTINUING MEDICAL EDUCATION
BUREAU OF HEALTH PROFESSIONAL EDUCATION
AND MAN POWER TRAINING, DEPARTMENT
OF HEALTH EDUCATION AND WELFARE
MARILYN K. HUTCHISON, M.D.
PROJECT DIRECTOR
WILLIAM E. MATORY, M.D., F.A.C.S.
PROGRAM DIRECTOR

# REQUESTS FOR INFORMATION AND PHYSICIAN-TRAINEES

## Appendix 12

# DOCTORS

## URGENTLY NEEDED

## TWO FAMILY PHYSICIANS - NORTHAMPTON MASSACHUSETTS

FAMILY PHYSICIANS SOUGHT by large number patients. ONE PHYSICIAN LEAVING large established family practice after 20 years, - to accept local hospital position -

## ATTRACTIONS:

**NO CAPITAL NEEDED** - May RENT FULLY EQUIPPED (including diathermy, minor surgical) 6 - ROOM OFFICE with patient records -

OR

Rent space and supply own equipment.

**COVERAGE** - Two other established physicians anxious to rotate complete off-time coverage (vacations, week-day off, week-ends, illness, P-G study, etc). Broad specialty coverage. 40 - 50 hour week possible.

**HOSPITAL** - PRIVILEGES - LIBERAL -
Hospital Annual Report "WE CARE" Available.

**FIVE COLLEGE AREA** -
Chamber of Commerce Brochure Available.

## CALL OR WRITE:

BUT PREFERABLY - - -

COME SEE US * * * * * LOOK US OVER

EATON E. FREEMAN, M. D.
67 NORTH MAIN STREET
FLORENCE STATION
NORTHAMPTON, MASS. 01060
PHONE: 413-584-4377

Donald B. Rogers, M.D.

Donald H. Sprecker, M.D.

303-345-233

Park D. Keller, M.D.
BOX P
AKRON, COLORADO

RECEIVED JAN 19 1971

Opportunity for Family Practice Specialist

Akron, Colorado is located 112 miles northeast of Denver. It is a county seat with a population of 1800 and a drawing area of 6600. It is approximately 5000 feet above sea level and has a mild, sunny climate most of the time. The principal industries are wheat farming and ranching. There are also oil wells, a bird seed processing plant, and an U. S. Agricultural Research Service Field Station for the Central Great Plains. There is also a Federal Aviation Administration airport and a Colorado State University Range Station for Northeast Colorado.

The schools are new and modern, having been built within the last ten years. There are churches of many denominations, and many clubs and organizations for both men and women; some of which are Rotary, Lions, Chamber of Commerce, Federated Women's Clubs and Home Demonstration.

There is no minority group problem, relatively little crime and the people are friendly and cooperative, so it is an ideal location for a family practice specialist to raise a family away from city pollution and segregation problems. There is a fine, well-equipped hospital which is accredited and as an addition to the hospital there is a new nursing home. There are houses available for rent or sale.

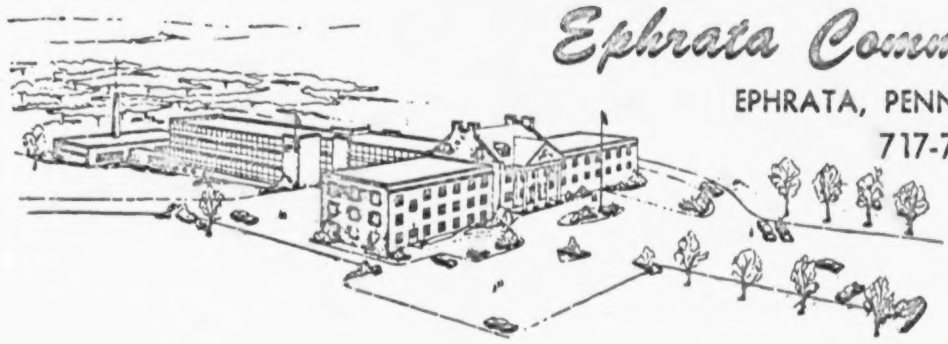
I would like a doctor who has completed his military obligation or is ineligible.

I have a well established practice of 22 years and have a fine clinic built for a dentist and two doctors. We have a part time dentist and are trying to get a full time one. Two compatible G.P.'s can rent the building together with an option to purchase if they desire.

We have not had a Board Surgeon in this county so have had to send our big surgery out of town. A surgeon could do well here, but it would be better if he would do general practice with the surgery. There is enough business for two doctors.

An association the first year with a gradual assuming of the practice in two or three years, when I plan to retire may be a desireable arrangement. Details can be worked out in a personal interview.

Sincerely,
Park D. Keller
Park D. Keller, M.D.



Ephrata Community Hospital
EPHRATA, PENNSYLVANIA 17522
717-733-6501

Myers R. Kurtz
Administrator

January 16, 1971

William E. Matory, M.D.
Freedman's Hospital
Sixth & Bryant Streets, N.W.
Washington, D.C. 20001

Dear Doctor Matory:

"Family Practice" is something you specialize in--and so do we.

In your case, you have made an effort to provide physicians trained in this specialty. In our case, it's the full utilization of these trained physicians.

In and around Ephrata, Pennsylvania, the family doctor is still king. We have a fair number of GP's already, but many of them are now seeing more patients than they would like to see. They need, and would welcome, help.

Why? Because 40% of them are over 55 years old, and they're serving an area of 50,000 population, which is increasing at a rate higher than the remainder of the State.

This is a special kind of area, we believe. A place where a young doctor, with a wife and a family to think of, can find the kind of life that his colleagues in the big cities do not enjoy. Rural environment. Clean air. Good schools. But still within a few hours of the cultural centers of New York, Philadelphia, Baltimore, Washington, and Jersey shore resorts. We have an excellent 110 bed, fully accredited, general hospital in the process of expanding to 150 beds.

Perhaps you know someone among your residents who is looking for just such a place. If so, we will greatly appreciate having his name so we can tell him more about the exceptional opportunities here. We will be happy to have interested physicians write or call us.

Thank you very much for your help. Looking forward to hearing from you, we remain

Sincerely yours,

Ralph J Goldin

Myers R. Kurtz
Administrator

Ralph J. Goldin, M.D.
President of Medical Staff

MRK/njds

MEMORIAL
HOSPITAL

MAVERICK COUNTY HOSPITAL DISTRICT

PHONE 512-773-5321 P. O. BOX 1470 FORT DUNCAN PARK AREA
Eagle Pass, Texas 78852

January 6, 1971

Dr. W.E. Matory, M.D.
Howard University Affiliated Hospitals
6th and Bryant Streets, North West
Washington, District of Columbia 20001

Dear Doctor:

We are in great need of physicians who are willing to enter family practice. We are wondering whether you will have any graduating residencies in family practice this January. If you do, we would like for you to call me, Dr. A.E. Batres, secretary to Maverick County Hospital Medical Staff at area code 512, 773-9411, Eagle Pass, Texas.

Please place your call collect at the hospital's telephone number, area code 512, 773-5321, Eagle Pass, Texas.

Thank you for your assistance.

Sincerely,

Dr. A. E. Batres

Dr. A.E. Batres,
Sec. to Medical Staff

AEB:mim

UNIVERSITY OF WASHINGTON
SEATTLE, WASHINGTON 98105

SCHOOL OF MEDICINE
Division of Family Medicine

December 16, 1970

RECEIVED DEC 2 8 1970

William E. Matory, M.D., Director
Division of Family Practice Residency
Freedman's Hospital
Sixth & Bryant Streets, N.W.
Washington, D.C. 20001

Dear Dr. Matory,

Enclosed is a brief description of the developing program of the Division of Family Medicine. In September, 1970, I became director and accepted responsibility for building it into a full department of this School. Plans have been developed, initial funding has been obtained, and an active undergraduate program is underway. An active, part-time clinical faculty is participating in the program, and additional full-time faculty members are now needed.

This letter is sent to you with the hope that you may know or know of family physicians who would be interested in a clinical-academic career in this setting. Potential candidates for such appointment might be any of the following (listed more or less according to our priority):

1. Physicians with experience in active general practice and experience in teaching or academic administration.
2. Physicians with experience in active general practice and an interest in teaching.
3. Physicians completing a family practice residency who desire a clinical career in an academic setting.

   It is possible to arrange further training in specific areas for such a person and/or to arrange a period of up to 12 months practice experience prior to his full-time assumption of faculty duties. This would be accomplished during 1971-72, concurrent with final planning for initiation of a residency program in 1972.
4. Physicians with experience in another specialty who could bring special knowledge and skill to the program.

Please relay this communication to anyone you know who might be interested and write or call if I can supply further details.

Sincerely yours,

T J Phillips, M.D.
T.J. Phillips, M.D.
Director

TJP:mh

Enclosure

THE UNIVERSITY OF ARIZONA
TUCSON, ARIZONA 85721

COLLEGE OF MEDICINE
DEPARTMENT OF COMMUNITY MEDICINE

December 4, 1970

William E. Matory
Howard University School of Medicine
Freedmen's Hospital
6th and Bryand Street, N.W.
Washington, D.C.

Dear Dr. Matory:

On July 1, 1971, the College of Medicine, which began in 1967, will open its 300-bed university hospital. The Department of Community Medicine will operate the emergency department of the hospital. We are looking for a medical director for this strategic service. We regard the job as essentially teaching and administrative. The director will be backed up by house staff.

In addition we are developing a family practice program and it is contemplated that residents in this program will also staff the emergency services. We feel much attention must be paid to the numerous patients to whom the emergency room is the portal of entry to the medical care system.

The Department of Community Medicine has a comprehensive program including operation of a neighborhood health center, teaching of preventive medicine and community medicine, and the family practice program and emergency services. Many other community activities and resources are being developed throughout this attractive state.

We would like to have referrals of any physicians who see this job as an opportunity to innovate and to become immersed in the center of medical care and medical care planning activities.

The job carries with it faculty status and salary commensurate with qualifications. A brochure about the College is enclosed.

Our thanks for your help in finding a suitable person.

Sincerely yours,

HKAbrams

Herbert K. Abrams, M.D.
Professor and Head

HKA:pz
Encl.

RECEIVED JAN 14 1971

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL

FAMILY
MEDICINE
PROGRAM

RECEIVED NOV 2 3 1970

Dear Dr. Matory,

Last month, Ralph D'Amore, one of our senior residents, accepted an opportunity to develop a family centered practice in a semi-rural setting. The community is Geneseo, New York, a university town of approximately 6000 people with a surrounding populus of 28,000 in a 9 mile radius. It is 30 miles south of Rochester.

Our Dr. D'Amore has accepted the position of Medical Director of the project and plans to begin practice July 1, 1971. He, members of our staff, and I feel this is an ideal situation and place to institute a family centered system of care similar to that used here in the Family Practice Unit. He also hopes to fully utilize paramedical assistants and seems to have the support necessary to do this. We all regard this as a tremendously challenging opportunity to develop a viable system of Health Care Delivery which ultimately will lead to a Pre-Paid Practice. Close ties will be maintained with the Family Medicine Program and the ability to continue post-graduate education will be built in.

A crucial problem at this point is to recruit qualified family physicians interested in innovative, flexible approaches to Health Care. It is with this in mind that I am sending you information about the Project so you can give it to anyone who may be looking for such a situation.

I feel it has tremendous potential with the support of the community, Regional Medical Program, Regional Planning Council, and the University, yet with the ability to be independent enough to develop rational approaches.

Hope you are able to help us find someone to join Ralph. My best to you.

Sincerely,

Gene Farley

Eugene S. Farley, Jr., M.D.
Associate Professor of Medicine,
Preventive Medicine & Community Health;
Assistant Professor of Pediatrics
Director, Family Medicine Program

ESF/ymk

THE CLEVELAND CLINIC FOUNDATION

CLEVELAND, OHIO 44106 · TELEPHONE (216) 229-2200

November 20, 1970

W. E. Matory, M.D.
Howard University Affiliated Hospitals
6th and Bryant Streets, N.E.
Washington, D.C. 20001

Dear Doctor Matory:

I am in the process of conducting a feasibility study at the Cleveland Clinic for the ultimate purpose of providing primary care. As you may know, the Clinic is almost altogether a secondary care center with most patients arriving by referral from physicians out of the city.

We plan to use generalists, Internists and Family Physicians, to staff a new facility (which we are calling the Primary Care Center) that will become another part or Division of the Cleveland Clinic Foundation. As this develops, there will be an excellent opportunity for Family Physicians to get some visibility in education and in practice.

I am writing to you because I have learned from the Department of Graduate Medical Education at the A.M.A. that you have a Residency in Family Practice. At the moment, I merely want to make contact with you and to let you know that I am interested in learning the names of Family Physicians who might find it interesting to work in such a facility at the Cleveland Clinic Foundation. I am also looking for an individual of Instructor or Assistant Professor rank or capability to assist in the planning and to stay on to work in the facility. If you have anyone who would qualify and would be interested in investigating this opportunity, I would appreciate your writing me.

Sincerely yours,

Charles L. Hudson

Charles L. Hudson, M.D.
Coordinator of Health Care Programs

CLH:fp

Rec'd 11/27

EATON E. FREEMAN, M. D.
67 NORTH MAIN STREET
FLORENCE, MASSACHUSETTS 01060

TELEPHONE 413 - 584-4377

November 13, 1970

William E. Mattory, M.D.
Director, Family Practice
Howard University College of Med.
520 West Street, N.W.
Washington, D.D. 20001

Dear Dr. Mattory:

As is true in so many communities of the nation, we in Northampton are looking specifically for physicians who are interested in and adequately trained for the practice of family medicine. We hope that through your kindness and consideration we may hear from interested physicians in your training center or even possibly those who might want to change location.

Enclosed you will find a bulletin board poster. We would greatly appreciate it if this can be exhibited in an appropriate and prominent place; please make a note on it with regard to where a physician could review the other enclosures, "We Care" and "Welcome Visitor". If you could use another poster, please let us know.

We are prepared to discuss more details about our local needs with any interested physician by phone or in person. The physician leaving practice for hospital work would have his office available for renting after May 1971.

Sincerely yours,

Eaton E. Freeman M.D.
Eaton E. Freeman, M.D.

EEF:lp

UNIVERSITY OF KENTUCKY
LEXINGTON, KENTUCKY 40506

ALBERT B. CHANDLER
MEDICAL CENTER
COLLEGE OF MEDICINE
CONTINUING EDUCATION

CODE 606
PHONE: 233-5161

October 14, 1970

William E. Matory, M.D.
Howard University, College of Medicine
520 W. Street
Washington, D. C. 20001

Dear Dr. Matory:

The University of Kentucky is laying plans for a Department of Family Medicine. The committee engaged in laying plans for such a department has reached the point at which we would like to accumulate the names of outstanding candidates for the chairman of such a department.

I am writing, therefore, to ask if you have an associate, present trainee, or knowledge of an outstanding potential candidate on your voluntary faculty or perhaps in the general practice community in your area. We are looking for a younger man with strength, enthusiasm, leadership abilities, who has preferably had some kind of teaching or academic experience, and who has strong commitment to this enterprise.

I will be very appreciative of any suggestions which you could make for our committee to consider.

Thank you.

Sincerely yours,

Frank R. Lemon

Frank R. Lemon, M.D.
Associate Dean
Continuing Education

FRL/ms

THE BELLAIRE MEDICAL GROUP
4211 NOBLE STREET
BELLAIRE, OHIO 43906

DIAL: 676-4623

October 8, 1970

William E. Matory, M. D., Director
Family Practice Residency
Freedman's Hospital
Sixth & Bryant Streets, N. W.
Washington, D. C. 20001

Dear Dr. Matory:

I am writing concerning your residency program in family practice. The Bellaire Medical Group is seeking to add family practitioners to its staff, and I believe that your residents will find the Group program extremely attractive. Thus, I am anxious to have an opportunity to write to each of them.

The Bellaire Medical Group operates on the principle that the family practitioner, or personal physician, or general practitioner, as he is variously called, is the key man in providing primary medical care to people. This primary physician, we believe, ought to work in a group framework in which he has readily available to him the basic diagnostic tools of lab and x-ray, and easy access to consultation, and management when necessary, with the basic specialties.

Our Medical Group does in fact work within this kind of framework, having on its staff several family practitioners and other physicians in the basic specialties. Moreover, the staff works in an academic atmosphere with emphasis on quality of care and maintenance of medical center type charts.

Because of these factors, we believe that a young physician seeking a career as a family practitioner would find that joining our Group would offer an opportunity for stimulating and rewarding long-term professional relationships.

I will very much appreciate your sending me a list of the men presently in your residency program, so that I may write each of them.

Thank you for your attention to this matter.

Sincerely yours,

Daniel J. Birmingham, M. D.
Medical Director

DJB/wjb

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**MUSKEGON COUNTY MEDICAL SOCIETY**
BOX 445, MUSKEGON, MICHIGAN 49443
TELEPHONE PL 9-2283

OFFICERS
Ralph F. Askam, M.D.
PRESIDENT
Robert M. Jesson, M.D.
PRESIDENT ELECT
Howard V. Sanden, M.D.
SECRETARY
Thomas R. Busard, M.D.
TREASURER
Donald K. Fairfield
EXECUTIVE SECRETARY

DALE L. WILLIAMS, M.D.
NORTON MEDICAL CENTER
3535 PARK STREET
MUSKEGON, MICHIGAN 49444

September 10, 1970

William E. Matory, M. D., Director
Family Practice Residency
Freedman's Hospital
Six th & Bryant Streets, N. W.
Washington, D. C. 20001

Dear Dr. Matory,

I would appreciate very much if you would make our enclosed bulletin available for your general practice residents to see.

We have developed a marked general practice shortage here in the last five years due to death, retirements and the draft. There are openings immediately for men who wish to either join a group or solo. We are prepared to help them make all arrangements in setting up their practice.

If any of your residents are interested I would appreciate them notifying me. We would make all arrangements for them and their families to stay here in Muskegon as our guests to see our community and the medical society. My private phone numbers are:

Home 798-3721
Office 733-1796
Area code 616

Sincerely yours,

Dale L Williams

Dale L. Williams, M. D.

DLW/cjh
Enclosure

✓/

GEO. V. LAUNEY, M. D.
JACK E. LANIER, M. D.
PRESLEY C. FUNK, M. D.
STANLEY L. GILBERT, M. D.
THOMAS H. NELSON, M. D.
FREDERICK C. ATKINSON, M. D.
BILL R. CARTER, M. D.
R. G. DUCHOUQUETTE, M. D.
W. D. STEVENSON, M. D.
DAVID E. MILLER, M. D.
W. D. LEE, CLINIC MGR.

LAUNEY MEDICAL AND SURGICAL CLINIC
9528 WEBBS CHAPEL ROAD
DALLAS, TEXAS 75220

May 18, 1970

William E. Matory, M. D., Director
Family Practice Residency
Freedman's Hospital
Sixth & Brant Streets, N. W.
Washington, D. C. 20001

Dear Doctor Matory:

The Launey Medical and Surgical Clinic offers a person interested in family practice an exceptional opportunity to follow the practice of medicine in a family type clinic environment.

We are in need of such a physician and will appreciate it very much if you will make the attached information available to those physicians in your family practice residency programs.

We are attaching two information sheets which briefly outline our situation. If we may furnish any additional information we would appreciate your interest and questions.

Should you need more information sheets than the two attached, please advise.

Thank you very much.

Yours very truly,

G. V. Launey MD

G. V. Launey, M.D.

GVL:dw
Attachments

GEO. V. LAUNEY, M. D.
JACK E. LANIER, M. D.
PRESLEY C. FUNK, M. D.
STANLEY L. GILBERT, M. D.
THOMAS H. NELSON, M. D.
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W. D. LEE, CLINIC MGR.

LAUNEY MEDICAL AND SURGICAL CLINIC
9528 WEBBS CHAPEL ROAD
DALLAS, TEXAS 75220

Dear Doctor:

Our clinic has offices for ten doctors, all general practitioners and one general surgeon. We are interested in securing a physician desiring work in family practice.

We are located in rapidly-growing North Dallas. This is the most desirable residential district in Dallas. We serve, for the most part, a population of young families. Approximately 15 to 20 percent of our practice is industrial cases from the airlines, Texas Instruments, Coca Cola Company and other light industries.

The clinic is completely equipped to serve an active GP. We have a complete laboratory. There is an x-ray department with two machines. We also have an audiometry room, an emergency room with four minor surgical rooms, a physiotherapy department, and a pharmacy. Our personnel includes a Clinic Manager, twelve registered nurses, a pharmacist, two laboratory technicians, two x-ray technicians, two physiotherapists, two medical secretaries, bookkeepers, and receptionists. All of our financial records are kept by computer and the computer service does our billing.

Our practice consists mainly of medicine, pediatrics, office gynecology and obstetrics, minor surgery, non-operative orthopedics. At present two of us deliver babies and we are interested in obtaining a third. The amount of surgery we do depends upon our individual interests and training, but most of the hospital surgery is done by our general surgeon.

We are all on the staff of St. Paul Hospital. This is a new 500 bed general hospital located about 15 minutes from the clinic. St. Paul has a house staff including interns and residents in surgery, ob-gyn, medicine, radiology, thoracic surgery, neurosurgery, and pathology. This hospital has all of the most modern facilities, including intensive care unit, coronary care unit, hyperbaric chamber, cardiac catheterization lab, and nuclear medicine unit where all of the isotope studies are done.

Our group is well thought of in the medical community. Both Dr. Launey and Dr. Lanier have served as Chief of Staff at St. Paul Hospital. Dr. Launey, Dr. Lanier, and Dr. Funk are past presidents of the Dallas County Chapter of the American Academy of General Practice. Dr. Funk was on the Texas State Board of Medical Examiners. Dr. Launey is also past president of the Texas Academy of General Practice and vice-president of the Dallas County Medical Society.

The Dallas-Fort Worth area is truly a metropolitan region that offers something for everyone. To mention a few attractions, there are the Dallas Cowboys, Six Flags Over Texas, The Texas State Fair, The Summer Musicals, The Dallas Civic Opera, the Cotton Bowl, collegiate sports (S.M.U.), and professional teams in basketball, baseball, ice hockey, and soccer. There are six large public-owned lakes within 50 miles of Dallas which provide boating, water skiing, fishing, and duck hunting. Though cost of living is high everywhere, Dallas has one of the lowest costs of living among the major cities.

Income for the first year is on a salary arrangement. After one year a new associate may elect to become a partner if mutually agreeable. Following the first year, a new physician's income will be on a graduated scale based on a percentage of net profit. No investment is necessary.

If you would be interested in entering group family practice please contact me. If it appears that you might be the doctor we are looking for, we will be happy to arrange a trip to Dallas for you and your wife to meet us and see our clinic.

Very truly yours,

G. V. Launey MD

G. V. Launey, M. D.

GVL:d[illegible]

Phone Collect
Area Code 214 357-7311

TELEPHONE TR 2-4069

JASON O. COOK, M. D.
KENNETH R. HUGHES, M. D.
190 SOUTH AVENUE
WEBSTER, N. Y. - 14580

May 11, 1970

William E. Matory, M.D., Director
Freedman's Hospital
Sixth & Bryant Streets, N.W.
Washington, D.C. 20001

Re: Eastside Medical Group

Dear Dr. Matory:

I am co-chairman of a group of about 10 men interested in forming a multi-specialty group in the eastern suburbs of Rochester, New York.

In addition to the multi-specialty group practice, the Eastside Medical Group would like to include in its project, an acute ambulatory center, Public Health Nurses, Multiphasic screening program, pharmacy and eventually extended care facilities, housing for the elderly etc. We also hope to be involved in some type of educational program. Lab facilities will also be included in the building.

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We are in need of family physicians to be a part of this group. I wondered if you might have any men completing their residency in 1970, '71 or '72 that might be interested in such a program. If you would put them in touch with me, I would appreciate it.

I am sending you a copy of the proposal for the project for your information and to pass on to any who might be interested.

Sincerely yours,

Jason O Cook

Jason O. Cook, M.D., Co-chairman
Eastside Medical Group

JOC:mjw
enc.

James G. Kitchen II, M. D.
The Mohican
Pocono Lake, Pennsylvania 18347

March 18, 1970

William E. Matory, M.D.
Director
Family Practice Residency
Howard University College of Medicine
520 West Street, N.W.
Washington, D.C. 20001

Dear Doctor Matory:

I have been in general practice for 22 years in the Pocono Lake area and the population has grown so rapidly in the last few years, it has actually increased tenfold. I am still the only physician in approximately a 20-mile radius and there is much more work here now than can be handled by one man. The only solution is a group-practice setup. This situation is ideal for men coming out of a Family Practice Program such as yours.

As a beginning, we have pledges totaling $20,000.00 toward the building of a clinic building. The remaining, larger portion, that would be necessary would be no problem at all. As a board member of a local bank, I am acquainted with financial, business and industrial leaders in the area. It seems to me that erecting a clinic building before the physicians forming the group are organized is a mistake. These men should have the privilege and responsibility of planning their own facility to suit their individual needs, and those of the community at the time. Would like to be a part of such a setup, but have no wish to direct it since my desire is to reduce my work load. Would be happy to act in an advisory capacity if such would be helpful. A group of young men who have learned to work together in an institution such as yours would make an ideal nucleus for this project.

If you wish to consult the records of the Chamber of Commerce of Pennsylvania, you

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will find that the Blakeslee-Pocono Lake-Pocono Pines area is the fastest-growing area in the state of Pennsylvania and presents unlimited possibilities for the group practice of medicine. It is, in addition, an excellent place to live. Hunting, fishing, water sports and winter sports are close by. The schools are good and summer theaters, concerts and other cultural features are readily available.

Actually, we consider ourselves a suburb of both Philadelphia and New York since either city can be reached in less than 2 hours. We are about 25 minutes from the General Hospital of Monroe County in East Stroudsburg and about 35 minutes from Wilkes-Barre hospitals; I have affiliations in both cities. As a note of interest, Wilkes-Barre is expecting to build a large, full service, medical center about 30 miles from Pocono Lake in which 3 or more of the large hospitals in Wilkes-Barre will participate. The hospitals in both cities are open-staff. The General Hospital in East Stroudsburg is affiliated with the Hospital of the University of Pennsylvania and with Pennsylvania Hospital in Philadelphia.

If you feel this project might be attractive to any of your residents, would appreciate your acquainting them with the possibilities. I would like to offer my services as a preceptor for residents since I feel that my practice is a typical general practice and large enough to offer a broad experience in community medical care. We are just far enough away from hospitals and specialists that we do many procedures that those in the city do not have a chance to perform. Not only that, my property is rather pleasant in the summertime and there would be separate living facilities for a family with children, which includes the use of a lake and 400 acres of woodland. We could make a resident and his family's stay not only profitable, but happy here. If this would fit into your program, would be delighted to talk to you about it.

If ever you are up in the Pocono Lake area, certainly would enjoy having you stop in and look over my setup. Will look forward to hearing from you.

Very sincerely,

JGK/jer

James G. Kitchen II, M.D.

P.S. How did you like the examination? It seemed to be a bit stiff for me and I am anxious to learn the outcome. Don't forget to stop and see us when you are up this way, especially if you decide to give up surgery and take up general practice! JGK

**MOUNT SHASTA COMMUNITY HOSPITAL**

203 EUGENE AVE.,
MOUNT SHASTA, CALIFORNIA 96067
PHONE 926-4515

March 14, 1970

Dear Dr. Matory:

I am attaching a letter that will give you some information about a beautiful section of our country.

We are interested in finding doctors who might be interested in establishing a practice in this community.

May we ask that you make this information available to any physician who may be interested? We would be most happy to communicate with these physicians and give them more information about thehospital and the facilities that would be available to them.

Sincerely,

T.W. YATES
Administrator

TWY:cj

H.M.C.
Hunterdon Medical Center
FLEMINGTON, NEW JERSEY 08822 • (201) 782-2121

February 10, 1970

Howard University Affiliated Hospitals
Washington
District of Columbia

Attention: Director,
Family Practice Program

Dear Sir:

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I am writing in the hopes that there are some recent graduates of your Family Practice Residency Program who would be interested in a full time position in a rural satellite health center being operated by the Hunterdon Medical Center. I am sending you this description which I hope you will pass along to any graduate whom you feel might be interested.

Sincerely,

Alfred E. Fletcher

Alfred E. Fletcher
Assistant Director

mbh

Encl.